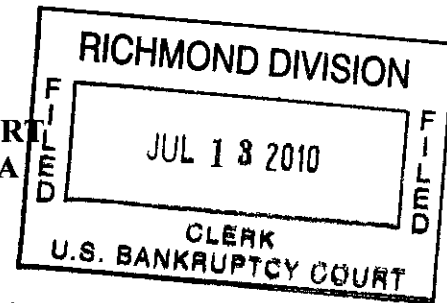


IN THE UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
RICHMOND DIVISION



IN RE:	*	CHAPTER 11
	*	
CIRCUIT CITY STORES, INC.	*	CASE NO.: 08-35653 (KRH)
et al.,	*	
	*	
Debtors	*	Jointly Administered

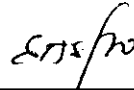
RESPONSE TO NOTICE OF DEBTORS'
SEVENTY-NINTH OMINIBUS OBJECTION TO CLAIMS

1. This Response to Objection is being filed on behalf of Anthony Martinez, Claim No. 9060, Claim Amount as Filed, \$20,000.00, which was filed as a result injuries sustained on the premises of the debtor, and has accumulated medical expenses and pain and suffering in the amount of \$20,000.00.
2. This statement is being executed by Eugene A. Shapiro, Esq., Counsel for Anthony Martinez.
3. On October 20, 2008, Anthony Martinez slipped and fell at the Circuit City Store in Catonsville, Maryland, sustaining multiple soft tissue injuries, requiring medical care and treatment.
4. That agents of the debtor had actual knowledge of the defective condition causing the Claimant to slip and fall, and sustain multiple painful and permanent injuries as documented by the medical records that are attached hereto, and are intended to be placed into evidence if there is a hearing on this matter.
5. The Plaintiff's address is 9615 Orpin Road, Apt. 201, Randallstown, Maryland 21133-2356, Claim Number is 9060, Phone Number (312) 890-5099, Claimant's attorney is

Shapiro and Schaub, 120 E. Baltimore Street, Suite 1802, Baltimore, Maryland 21202, phone number (410) 539-2766, fax number (410) 539-0196.

6. Counsel for Anthony Martinez, who has authority to reconcile, settle, or otherwise resolve the Objection on Claimant's behalf, is Eugene A. Shapiro, Esq., 120 E. Baltimore St., Ste. 1802, Baltimore, MD 21202.

RESPECTFULLY SUBMITTED,



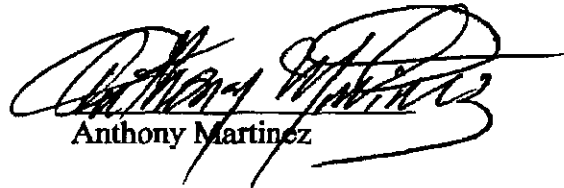
Eugene A. Shapiro, Esq.
SHAPIRO & SCHAUB
120 E. Baltimore St., Ste. 1802
Baltimore, MD 21202
Ph: (410) 539-2766
Fax: (410) 539-0196
Email: eshapiro49@yahoo.com
Attorney for Anthony Martinez

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
RICHMOND DIVISION**

IN RE:	*	CHAPTER 11
	*	
CIRCUIT CITY STORES, INC.	*	CASE NO.: 08-35653 (KRH)
et al.,	*	
	*	
Debtors	*	Jointly Administered

DECLARATION

I, Anthony Martinez have personal knowledge of the relevant facts contained in the
Response to Objection.


Anthony Martinez

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
RICHMOND DIVISION**

IN RE:	*	CHAPTER 11
	*	
CIRCUIT CITY STORES, INC.	*	CASE NO.: 08-35653 (KRH)
et al.,	*	
	*	
Debtors	*	Jointly Administered

CERTIFICATE OF SERVICE

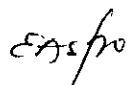
I HEREBY CERTIFY that on this 12th day of July 2010, the foregoing Response to

Objection was mailed by fedex to:

Skadden, Arps, Slate, Meagher & Flom, LLP
1 Rodney Square
10th & King Streets, 7th Floor
Wilmington, DE 19801
(Attn: Gregg M. Galardi and Ian S. Fredericks)

McGuire Woods, LLP
One James Center
901 E. Cary Street
Richmond, VA 23219
(Attn: Douglas M. Foley and Sarah B. Boehm)

Skadden, Arps, Slate, Meagher & Flom, LLP
155 N. Wacker Drive
Chicago, IL 60606
(Attn: Chris L. Dickerson and Jessica S. Kumar)



Eugene A. Shapiro, Esq.
120 E. Baltimore St., Ste. 1802
Baltimore, MD 21202
(410) 539-2766
Attorney for Anthony Martinez



SHAPIRO
&
SCHAUB
ATTORNEYS AT LAW

EUGENE A. SHAPIRO, P.A.
E-MAIL eshapiro49@yahoo.com

120 EAST BALTIMORE STREET
SUITE 1802
BALTIMORE, MARYLAND 21202
(410) 539-2766
FAX (410) 539-0196
TOLL FREE 1-877-539-2766

RUTH M. SCHAUB, ESQUIRE
E-MAIL bschaub2003@yahoo.com

July 12, 2010

The Clerk
United States Bankruptcy Court
701 E. Broad St., Courtroom # 5100
Richmond, VA 23219

RE: *In Re: Circuit City Stores, Inc., et al.*
Case No.: 08-35653 (KRH)

Dear Clerk:

Please find enclosed Claimant, Anthony Martinez' Response to Objections for filing.

Feel free to contact me with any questions.

Very truly yours,

Eugene A. Shapiro, Esq.

EAS/io
Enclosures

Cost of Replacement pair of glasses

Doctors Vision Works #433

6427 BALTIMORE PIKE

SUITE A

CATONSVILLE, MD 21228

410-788-9383

Please visit us at www.ecoa.com

SALES RECEIPT 4.9 NT

00433-58449 10/28/2000 19:27:11

ANTHONY MARTINEZ

9615 ORPIN RD

BALTIMORE, MD 21137

H (410) 655-9846

W () EXT.

DOCTOR: SMITH

PAIR # 1 DUE: 10/30/2000

1 1115750 RTW 102 (BRN) N 99.95

1 1111111 NATURAL POLY AR N 111.95

1 1111111 NATURAL POLY TRANS N 111.95

1 8010450 TRANSITIONS MLP N 23.00

1 8000012 Scratch Warranty N .00

1 8000130 ANTI-REFLECTIVE COA N 37.00

1 8000664 TRANSITIONS EGPP N .00

1 9010 2 FOR \$149 - 1ST PR N 48.85

PAYMENT 343.00 THIS SALE 383.85

MASTERCARD 343.00 033685

DISCOUNTS

AMOUNT SAVED 40.05

SUB TOTAL 343.00

TOTAL 343.00

OLD BAL .00 PAYMENT 343.00

THIS BAL .00 AMT TENDERED .00

NEW BAL .00 CHANGE DUE .00

BALANCE DUE .00

** Special Order

MANAGER

SIGNATURE: _____

Your satisfaction is important to us.

If the General Manager at 410-788-9383

is unable to satisfy your needs, please

call 1-800-669-1183.

WILLIAM 10.6

Cost of Replacement pair of glasses

Doctors Vision Works #433
6427 BALTIMORE PIKE
SUITE A
CATONSVILLE, MD 21228
410-788-9383

Please visit us at www.ecca.com

00433-58449 10/20/2008 19:27:11

ACCT #: #####-####-4700

UNIT:

CARD TYPE: MASTERCARD

TRANS TYPE: PURCHASE

REFERENCE #: 025 AUTH #: 033685

TOTAL AMOUNT: 343.00

LICENSE/PHONE _____

CARDMEMBER ACKNOWLEDGES RECEIPT OF
GOODS AND/OR SERVICES IN THE AMOUNT
OF THE TOTAL SHOWN HEREON AND AGREES
TO PERFORM THE OBLIGATIONS SET FORTH
IN THE CARDMEMBER'S AGREEMENT WITH
THE ISSUER.

SIGNATURE 

THANK YOU FOR SHOPPING
AT DR's VisionWorks



Multi-Specialty HealthCare
P.O. Box 1048
Cockeysville, MD 21030

ANTHONY MARTINEZ	Account:	10134.0
9615 Orpin Road	Print Date:	12/5/2008
Apt 201	Billing Period From:	5/1/2008
RANDALLSTOWN, MD 21133	Billing Period To:	11/30/2008

Shapiro, Eugene	Case:	DC102008
120 East Baltimore Street	Ins Co:	Carefirst Federal
Suite 2101	Policy No:	R58949951
BALTIMORE, MD 21202		

Diagnosis 1: 840.90 2: 841.00 3: 842.010 4: 844.00

Service Dt	Transaction Dt	Office	Provider	Service	Charge/Credit
Medical					
10/21/2008	10/21/2008	Patterson	Rittenhouse	73030:X-RAY SHOULDER, MINIMUM 2	126.00
10/21/2008	10/21/2008	Patterson	Rittenhouse	73070:X-RAY ELBOW 2 VIEWS	105.00
10/21/2008	10/21/2008	Patterson	Rittenhouse	73110:X-RAY WRIST, COMPLETE, MIN.	126.00
10/21/2008	10/21/2008	Patterson	Rittenhouse	73560:X-RAY KNEE ONE/TWO VIEWS	109.00
10/21/2008	10/21/2008	Randallstown	Abrams	99203:EVALUATION AND MANAGEME	270.00
10/21/2008	10/21/2008	Randallstown	Abrams	a4595:Electrodes for E-Stim	21.00
10/27/2008	10/27/2008	Randallstown	Rittenhouse	99213:EVALUATION AND MANAGEMN	145.00
10/28/2008	10/28/2008	Patterson	Rittenhouse	72100:X-RAY SPINE, LUMBOSACRAL 2	145.00
11/3/2008	11/3/2008	Randallstown	Santosa	99213:EVALUATION AND MANAGEMN	145.00
11/17/2008	11/17/2008	Randallstown	Santosa	99214:EVALUATION AND MANAGEMN	175.00
12/1/2008	12/1/2008	Randallstown	Santosa	99213:EVALUATION AND MANAGEMN	145.00
12/1/2008	12/1/2008	Randallstown	Santosa	prn:prn DISCHARGE RETURN AS NEE	0.00
				Charges	1,512.00
				Payments	0.00
				Adjustments	0.00
Total Medical balance 5/1/08 to current					1,512.00

PT/Chiro

10/22/2008	10/22/2008	Randallstown	Abrams	97010:APPLI OF A MOD TO ONE OR M	35.00
10/22/2008	10/22/2008	Randallstown	Abrams	97014:ELECTRICAL STIMULATION UN	45.00
10/23/2008	10/23/2008	Randallstown	Abrams	97010:APPLI OF A MOD TO ONE OR M	35.00
10/23/2008	10/23/2008	Randallstown	Abrams	97014:ELECTRICAL STIMULATION UN	45.00
10/27/2008	10/27/2008	Randallstown	Rittenhouse	97010:APPLI OF A MOD TO ONE OR M	35.00
10/27/2008	10/27/2008	Randallstown	Rittenhouse	97014:ELECTRICAL STIMULATION UN	45.00
10/27/2008	10/27/2008	Randallstown	Rittenhouse	97110:THERAPEUTIC PROCEDURE-ST	70.00
10/28/2008	10/28/2008	Randallstown	Rittenhouse	98943:CHIROPRACTIC MANIPULATIVE	55.00
10/28/2008	10/28/2008	Randallstown	Rittenhouse	97010:APPLI OF A MOD TO ONE OR M	35.00
10/28/2008	10/28/2008	Randallstown	Rittenhouse	97014:ELECTRICAL STIMULATION UN	45.00

** NOTE: This patient has or may have additional charges for services prior to 5/1/2008 which are NOT represented on this statement. YOU WILL RECEIVE A TOTAL CASE SUMMARY AT THE CONCLUSION OF TREATMENT. Please contact our Business Office with any questions or requests. PHONE: 410-933-5678.

AMM v5.3



Multi-Specialty HealthCare
P.O. Box 1048
Cockeysville, MD 21030

ANTHONY MARTINEZ	Account:	10134.0
9615 Orpin Road	Print Date:	12/5/2008
Apt 201	Billing Period From:	5/1/2008
RANDALLSTOWN, MD 21133	Billing Period To:	11/30/2008

Shapiro, Eugene	Case:	DC102008
120 East Baltimore Street	Ins Co:	Carefirst Federal
Suite 2101	Policy No:	R58949951
BALTIMORE, MD 21202		

Diagnosis 1: 842.010 2: 843.00 3: 840.90 4: 923.110

Service Dt	Transaction Dt	Office	Provider	Service	Charge/Credit
10/28/2008	10/28/2008	Randallstown	Rittenhouse	97535:SELF CARE/HOME MGT (ACTIVI	68.00
10/29/2008	10/29/2008	Randallstown	Rittenhouse	98943:CHIROPRACTIC MANIPULATIVE	55.00
10/29/2008	10/29/2008	Randallstown	Rittenhouse	E0238:HOT/COLD PACKS-DISPENSED	34.00
10/29/2008	10/29/2008	Randallstown	Rittenhouse	97010:APPLI OF A MOD TO ONE OR M	35.00
10/29/2008	10/29/2008	Randallstown	Rittenhouse	97014:ELECTRICAL STIMULATION UN	45.00
10/29/2008	10/29/2008	Randallstown	Rittenhouse	97110:THERAPEUTIC PROCEDURE-ST	70.00
11/3/2008	11/3/2008	Randallstown	Rittenhouse	98940:CHIROPRACTIC MANIPULATIO	55.00
11/3/2008	11/3/2008	Randallstown	Rittenhouse	98943:CHIROPRACTIC MANIPULATIVE	55.00
11/3/2008	11/3/2008	Randallstown	Rittenhouse	97010:APPLI OF A MOD TO ONE OR M	35.00
11/3/2008	11/3/2008	Randallstown	Rittenhouse	97014:ELECTRICAL STIMULATION UN	45.00
11/4/2008	11/4/2008	Randallstown	Rittenhouse	98940:CHIROPRACTIC MANIPULATIO	55.00
11/4/2008	11/4/2008	Randallstown	Rittenhouse	98943:CHIROPRACTIC MANIPULATIVE	55.00
11/4/2008	11/4/2008	Randallstown	Rittenhouse	97010:APPLI OF A MOD TO ONE OR M	35.00
11/4/2008	11/4/2008	Randallstown	Rittenhouse	97014:ELECTRICAL STIMULATION UN	45.00
11/5/2008	11/5/2008	Randallstown	Rittenhouse	98940:CHIROPRACTIC MANIPULATIO	55.00
11/5/2008	11/5/2008	Randallstown	Rittenhouse	98943:CHIROPRACTIC MANIPULATIVE	55.00
11/5/2008	11/5/2008	Randallstown	Rittenhouse	97010:APPLI OF A MOD TO ONE OR M	35.00
11/5/2008	11/5/2008	Randallstown	Rittenhouse	97014:ELECTRICAL STIMULATION UN	45.00
11/5/2008	11/5/2008	Randallstown	Rittenhouse	97110:THERAPEUTIC PROCEDURE-ST	70.00
11/10/2008	11/10/2008	Randallstown	Rittenhouse	98940:CHIROPRACTIC MANIPULATIO	55.00
11/10/2008	11/10/2008	Randallstown	Rittenhouse	98943:CHIROPRACTIC MANIPULATIVE	55.00
11/10/2008	11/10/2008	Randallstown	Rittenhouse	97010:APPLI OF A MOD TO ONE OR M	35.00
11/10/2008	11/10/2008	Randallstown	Rittenhouse	97014:ELECTRICAL STIMULATION UN	45.00
11/10/2008	11/10/2008	Randallstown	Rittenhouse	97110:THERAPEUTIC PROCEDURE-ST	70.00
11/11/2008	11/11/2008	Randallstown	Rittenhouse	98940:CHIROPRACTIC MANIPULATIO	55.00
11/11/2008	11/11/2008	Randallstown	Rittenhouse	98943:CHIROPRACTIC MANIPULATIVE	55.00
11/11/2008	11/11/2008	Randallstown	Rittenhouse	97010:APPLI OF A MOD TO ONE OR M	35.00
11/11/2008	11/11/2008	Randallstown	Rittenhouse	97014:ELECTRICAL STIMULATION UN	45.00
11/11/2008	11/11/2008	Randallstown	Rittenhouse	97110:THERAPEUTIC PROCEDURE-ST	70.00
11/18/2008	11/18/2008	Randallstown	Rittenhouse	98940:CHIROPRACTIC MANIPULATIO	55.00
11/18/2008	11/18/2008	Randallstown	Rittenhouse	98943:CHIROPRACTIC MANIPULATIVE	55.00
11/18/2008	11/18/2008	Randallstown	Rittenhouse	97010:APPLI OF A MOD TO ONE OR M	35.00

** NOTE: This patient has or may have additional charges for services prior to 5/1/2008 which are NOT represented on this statement. YOU WILL RECEIVE A TOTAL CASE SUMMARY AT THE CONCLUSION OF TREATMENT. Please contact our Business Office with any questions or requests. PHONE: 410-933-5678.

AMM v5.3



Multi-Specialty HealthCare
P.O. Box 1048
Cockeysville, MD 21030

ANTHONY MARTINEZ	Account:	10134.0
9615 Orpin Road	Print Date:	12/5/2008
Apt 201	Billing Period From:	5/1/2008
RANDALLSTOWN, MD 21133	Billing Period To:	11/30/2008

Shapiro, Eugene	Case:	DC102008
120 East Baltimore Street	Ins Co:	Carefirst Federal
Suite 2101	Policy No:	R58949951
BALTIMORE, MD 21202		

Diagnosis 1: 842.010 2: 843.00 3: 840.90 4: 847.20

Service Dt	Transaction Dt	Office	Provider	Service	Charge/Credit
11/18/2008	11/18/2008	Randallstown	Rittenhouse	97014:ELECTRICAL STIMULATION UN	45.00
11/18/2008	11/18/2008	Randallstown	Rittenhouse	97140:MANUAL THERAPY TECHNIQUE	58.00
11/19/2008	11/19/2008	Randallstown	Rittenhouse	98940:CHIROPRACTIC MANIPULATIO	55.00
11/19/2008	11/19/2008	Randallstown	Rittenhouse	98943:CHIROPRACTIC MANIPULATIVE	55.00
11/19/2008	11/19/2008	Randallstown	Rittenhouse	97010:APPLI OF A MOD TO ONE OR M	35.00
11/19/2008	11/19/2008	Randallstown	Rittenhouse	97014:ELECTRICAL STIMULATION UN	45.00
11/24/2008	11/24/2008	Randallstown	Rittenhouse	98940:CHIROPRACTIC MANIPULATIO	55.00
11/24/2008	11/24/2008	Randallstown	Rittenhouse	98943:CHIROPRACTIC MANIPULATIVE	55.00
11/24/2008	11/24/2008	Randallstown	Rittenhouse	97010:APPLI OF A MOD TO ONE OR M	35.00
11/24/2008	11/24/2008	Randallstown	Rittenhouse	97014:ELECTRICAL STIMULATION UN	45.00
11/26/2008	11/26/2008	Randallstown	Rittenhouse	98940:CHIROPRACTIC MANIPULATIO	55.00
11/26/2008	11/26/2008	Randallstown	Rittenhouse	98943:CHIROPRACTIC MANIPULATIVE	55.00
11/26/2008	11/26/2008	Randallstown	Rittenhouse	97010:APPLI OF A MOD TO ONE OR M	35.00
11/26/2008	11/26/2008	Randallstown	Rittenhouse	97014:ELECTRICAL STIMULATION UN	45.00
11/26/2008	11/26/2008	Randallstown	Rittenhouse	97140:MANUAL THERAPY TECHNIQUE	58.00
Charges					2,788.00
Payments					0.00
Adjustments					0.00

Total PT/Chiro balance 5/1/08 to current	2,788.00
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Summary	Charges for this case	4,300.00
	Payments for this case	0.00
	Adjustments for this case	0.00

** Total balance 5/1/08 to current	4,300.00
------------------------------------	----------

Unapplied Payment	-580.74
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** NOTE: This patient has or may have additional charges for services prior to 5/1/2008 which are NOT represented on this statement. YOU WILL RECEIVE A TOTAL CASE SUMMARY AT THE CONCLUSION OF TREATMENT. Please contact our Business Office with any questions or requests. PHONE: 410-933-5678.

AMM v5.3



3 Nashua Court ♦ Suite H ♦ Baltimore, MD 21221 ♦ 410-933-5678 ♦ Fax 410-933-3923

PATIENT: MARTINEZ, ANTHONY

SS#: ***-**-4955

D/Accident: 10/20/2008

Date of Exam: 10/21/2008

Place of Exam: Liberty

Date of Birth: 10/15/1955

INITIAL EVALUATION

HISTORY OF PRESENT INJURY: Mr. Martinez indicates that on 10/20/2008, while in circuit city he was walking when there was a sign posted in the electronics area. However, he indicates that this was on the ground. He did not see this and stepped on it, and lost his balance following on his right side. He indicates that he was able to resume the pasture. The patient indicates that he has had no care or treatment initially until he presented to this facility for evaluation treatment and recommendations. Presently, Mr. Martinez prescribes a burning to his right hand and wrist, right elbow, right hip and right shoulder. He states that he does experience some dyspnea since his fall. However, this is not accompanied by cervical or head pain or tenderness.

PAST MEDICAL HISTORY: Mr. Martinez denies any motor vehicle accident or slip and fall injury. However, he does indicate he was involved in work injury in approximately 1980s sustaining injury to his lower back as consequence of left pain. The patient denies hospitalization for surgical intervention and does indicate however that he did fracture his right wrist while skating in the 1980s. The patient does indicate that he has had pain between his shoulders swollen joints, dizziness and ringing in ears denying another physical disorder. He denies any diarrhea, chest pain, heart disease, fainting, night sweats, difficulty breathing, intestinal pain or tenderness, loss of consciousness, slurring of speech or double vision.

FAMILY HISTORY: Significant for cancer on his maternal side.

SOCIAL HISTORY: The patient is divorced with three children. Mr. Martinez utilizes alcoholic beverages on occasional. However, he does not utilize tobacco products.

REVIEW OF SYSTEMS: The patient does indicate that he has swelling of a lymph node on occasion. However, this has not been diagnosed or has received any care and treatment. The patient indicates that he has not been diagnosed or treated with respect to any eyes, ears, mouth, nose or throat, respiratory, cardiovascular, skin or breast, gastrointestinal, genitourinary, musculoskeletal, neurological or psychiatric diseases or disorder.

PHYSICAL EXAMINATION: Mr. Martinez is a well developed male, appearing close to his stated age. It is noted that he ambulates without limp, lurch or list. The patient is oriented x3 and displays no asymmetries of the shoulder or pelvis. Gait and stations are unremarkable and the tongue is midline. Mood and affect are appropriate. Extraocular movements bilaterally with smooth symmetrical without evidence of nystagmus present. The patient is afebrile.

The right elbow was evaluated and right elbow ranges of motion was full and complete without limitation or restriction. Palpation to the medial supracondylar line was painful to palpation. Olecranon process was also painful to digital palpation as well as the olecranon process. It is noted that the patient does have a feeling bruise present and laceration to the ulnar region. The olecranon bursa was palpated and displays no swelling present or any indication of bursitis noted.

The right shoulder was evaluated and right shoulder ranges of motion were restricted 10% in abduction and non-restricted to abduction. Internal and external rotations were 10% restricted and the patient report pain and tenderness. Palpation to the sit musculature which is supraspinatus and infraspinatus reveals there is minor +1 muscular spasm. Arm drop was negative and Apley's scratch test revealed external rotation and abduction 10%

PATIENT: MARTINEZ, ANTHONY
SS#: ***-**-4955 D/Accident: 10/20/2008
Date of Exam: 10/21/2008 Place of Exam: Liberty
Date of Birth: 10/15/1955
Page: 2

restricted.

Right wrist was evaluated and right wrist ranges of motion were full and complete with the patient reporting burning and tenderness at the extremes of flexion and extension. Digital palpation to the wrist reveals no palpable findings. Tinel's sign was absent and Phalen's test was unremarkable.

X-RAY REPORT: Radiographs have been ordered of the right wrist, right hip and right shoulder as well as right elbow. Additional findings will be noted upon completion of aforementioned studies.

DIAGNOSTIC IMPRESSIONS:

1. Right wrist sprain/strain.
2. Right hip strain/sprain.
3. Right shoulder strain/sprain.
4. Right elbow (olecranon) contusion.

TREATMENT PLAN: Mr. Martinez will be seen in this facility two times per week for one week, at which time a reevaluation will occur to determine patient's status at that time. It is felt that Mr. Martinez can continue his working activities without limitation or restriction at present. However, should additional findings to be noted by x-ray additional recommendations maybe appropriate. Care will be provided in this facility including hot fomentation and muscular stimulation as well as various forms of chiropractic therapeutic procedures.

It is my impression based upon the diagnosis above review of the patient's history and evaluation findings that the diagnosis as noted are as a direct consequence of the slip and fall injury of October 20, 2008.

[DICTATED BUT NOT READ TO EXPEDITE REPORT. SIGNED REPORT ON FILE.]

Ira Abrams, D.C.

Provider: IA/bm/ D: 10/21/08 T: 10/22/08 Enrollment Office: LIO Job: 39151.IA
Acct: 1.10134.0



3 Nashua Court ♦ Suite H ♦ Baltimore, MD 21221 ♦ 410-933-5678 ♦ Fax 410-933-3923

PATIENT: MARTINEZ, ANTHONY

SS#: ***-**-4955

D/Accident: 10/20/08

Date of Exam: 10/21/08

Place of Exam: Patterson

D.O.B: 10/15/55

X-RAY REPORT

REVIEW: A two-view right hip series was taken and shows the following.

All osseous structures appear to be grossly intact. Joint spaces and soft tissues are unremarkable.

IMPRESSION: Normal study

REVIEW: A two-view right elbow series was taken and shows the following.

All osseous structures appear to be grossly intact. Joint spaces and soft tissues are unremarkable. However, there is calcification of the triceps tendon insertion.

IMPRESSION: Normal study

REVIEW: A two-view right shoulder series was taken and shows the following.

All osseous structures appear to be grossly intact. Joint spaces and soft tissues are unremarkable.

IMPRESSION: Normal study

REVIEW: A three-view right wrist series was taken and shows the following.

All osseous structures appear to be grossly intact. Joint spaces and soft tissues are unremarkable.

IMPRESSION: Normal study

Sincerely,

[DICTATED BUT NOT READ TO EXPEDITE REPORT. SIGNED REPORT ON FILE.]

Brent Rittenhouse, D.C

Provider: BR/bm/wsm D: 10/28/08 T: 10/29/08 Enrollment Office: LIP Job: 40194.BR

cc: Eugene Shapiro, Esq.

Acct: 1.10134.0



3 Nashua Court ♦ Suite H ♦ Baltimore, MD 21221 ♦ 410-933-5678 ♦ Fax 410-933-3923

PATIENT: MARTINEZ, ANTHONY
SS# ***-**-4955 D/Accident: 10/20/2008
Date of Exam: 10/27/2008 Place of Exam: Liberty

FOLLOW UP VISIT

Mr. Martinez returned today for his reevaluation of injuries initially sustained in a slip and fall type of accident occurring on 10/20/2008. As you know, he has been treated at this office from 10/21/2008 until this time with various physiotherapeutic modalities. He presents today stating that he has been attending his full-time nursing school program. He does not report any missed time from school due to these injuries, however low back pain/tension has increased with the long periods of sitting at school. He has run out of Motrin. He last took his pain medication about two days ago. He noticed the onset of low back pain on 10/21/2008. He presents today with pain in the following areas graded on 0-10 scale with the 10 the worst pain manageable for the past week as follows. Right wrist pain "5-7". Right hip pain "4-7". Right shoulder pain "6-9". Right elbow pain "4-6" and low back pain "1-5". He denies any radiating symptoms into the extremities or around the ribs. He denies any other accident-related complaints. His last episode of dizziness occurred on 10/23/2008. He mentions that he broke his eyeglasses on impact during the slip and fall accident.

PHYSICAL EXAMINATION: He appears to be alert, and in no particular distress except for when he performs certain motions during the exam. There is no point tenderness over the head. Manual muscle testing of the upper and lower extremities reveals no neuromotor deficits. Visual inspection of the head, neck and back is unremarkable. Visual inspection of the right shoulder, right upper extremity is unremarkable except for Band-Aids over the knuckles of the right hand and over the right elbow. He wears eyeglasses. Testing of the cranial nerves III, IV, VI, XI and XII are unremarkable. He displays normal speech, gait and respiratory rhythm. There are no distinguishing scars or lesions over his nose. His face and neck are symmetrical. Lumbopelvic ranges of motion are restricted by perhaps 25% in flexion and 50% in extension due to increase pain at those end ranges of motion. Right elbow active ranges of motion are within normal limits. However increased pain is found at the end range of motion of flexion. Right wrist active ranges of motions are restricted by perhaps 100% radial deviation and 20% in extension. Flexion is restricted by perhaps 25% otherwise they are within normal limits. The pain is increased at the end ranges of motion of all right wrist active range of motion except for internal and external rotation. Right shoulder active ranges of motion are restricted by perhaps 45% in flexion, 55% in abduction and 20% adduction. Otherwise they are within normal limits. Pain is increased at the end ranges of motion of all right shoulder active ranges of motion, except for internal rotation. No crepitus was found at the range of motion testing.

IMPRESSION: It is my opinion that Mr. Martinez is suffering from posttraumatic right wrist, right hip, right shoulder, right elbow and lumbar sprain/strain with associated articular dysfunction. He can attend his school classes.

The impressions listed above are consistent with and directly related to the 10/20/2008 accident.

RECOMMENDATION: I recommend that he continues to be treated at this office for an additional one week period with subsequent reevaluation, follow by a medical physician, who evaluate him and assume his care. He will be referred for x-rays to the lumbar area.

PROGNOSIS: His prognosis continues as fair.

PATIENT: MARTINEZ, ANTHONY
SS# ***-**-4955 D/Accident: 10/20/2008
Date of Exam: 10/27/2008 Place of Exam: Liberty
Page: 2

[DICTATED BUT NOT READ TO EXPEDITE REPORT. SIGNED REPORT ON FILE.]

Brent Rittenhouse, D.C

Provider: BR/bm/mus D: 10/30/08 T: 10/31/08 Enrollment Office: LIP Job: 40642.BR

cc: Shapiro Eugene, Esq. 120 East Baltimore Street, Suite 2101, Baltimore, MD 21202

Acct: 1.10134.0



3 Nashua Court ♦ Suite H ♦ Baltimore, MD 21221 ♦ 410-933-5678 ♦ Fax 410-933-3923

PATIENT: MARTINEZ, ANTHONY

SS#: ***-**-4955

D/Accident: 10/20/08

Date of Exam: 10/28/08

Place of Exam: Patterson

Date of Birth: 10/15/1955

X-RAY REPORT

REVIEW: A two view lumbar spine series was taken and shows the following.

All osseous structures appear to be grossly intact. Joint space and soft tissues are unremarkable.

IMPRESSION: Normal study.

Sincerely,

[DICTATED BUT NOT READ TO EXPEDITE REPORT. SIGNED REPORT ON FILE.]

Brent Rittenhouse, D.C

Provider: BR/bm/mus D: 10/30/08 T: 10/31/08 Enrollment Office: LIP Job: 40431.BR

cc: Eugene Shapiro, Esq.

Acct: 1.10134.0



3 Nashua Court ♦ Suite H ♦ Baltimore, MD 21221 ♦ 410-933-5678 ♦ Fax 410-933-3923

PATIENT: MARTINEZ, ANTHONY

SS#: ***-**-4955

D/Accident: 10/20/08

Date of Exam: 11/03/08

Place of Exam: Liberty Road

FOLLOW-UP REPORT

Mr. Martinez presents to medical service, continuing to complain of symptoms that began with the accident of 10/20/08. His symptoms have been improving steadily with chiropractic-supervised therapy. Right shoulder pain is the worst of these symptoms and it is rated as 4 on a scale of 0-10 with 10 being severe. The pain increases with shoulder motions away from the body, especially those above shoulder height. There has been no locking or giving way of the shoulder joint, however range of motion has been steadily improving. Tylenol has been mildly to moderate useful for his pain. He states that he would like to try an NSAID.

Past medical history, social history, family and review of systems are otherwise unchanged, except for the important addition that there are no known drug allergies and that he is not taking any other medications at this time. X-ray report of 10/21/08 from Dr. Rittenhouse notes that the x-rays of the right hip, right elbow, right shoulder and right wrist were all normal.

PHYSICAL EXAMINATION: Mr. Martinez is in no acute distress. He is alert and oriented. His affect is appropriate. Gait and station are grossly unremarkable. Temperature is 98.6. Pulse is 72. Respirations are 18. Shoulders – no obvious swelling or bony deformity. Right shoulder range of motion and strength are diminished when compared to the left. No obvious instability of the shoulders. Hips – no obvious instability of the hip joints. Range of motion and strength on the right is diminished when compared to the left. Neurologic – balance is good. No spasticity is seen. Distal upper and lower extremity motor strength is grossly intact. Peripheral vascular – no pitting edema of arms or legs is found.

PLAN:

1. Continue chiropractic plus physical therapy/therapeutic exercise sessions three times a week for next two weeks to diminish pain and improve function of the affected areas.
2. Celebrex 200 mg 1-2 tablets to be taken per day is prescribed for pain/inflammation. Tylenol may be taken according the bottle instructions.
3. Return to medical services is scheduled for two weeks.

[DICTATED BUT NOT READ TO EXPEDITE REPORT. SIGNED REPORT ON FILE.]

Dan J. Schechter, P.A.C.

Ronny Santosa, M.D.

Provider: DJS/bm/tar D: 11/03/08 T: 11/04/08 Enrollment Office: LIO Job: 41007.DJS.doc

cc: Eugene Shapiro, Esq.

Acct: 1.10134.0



3 Nashua Court ♦ Suite H ♦ Baltimore, MD 21221 ♦ 410-933-5678 ♦ Fax 410-933-3923

PATIENT: MARTINEZ, ANTHONY

SS# ***-**-4955

Date of Exam: 10/17/2008

D/Accident: 10/20/2008

Place of Exam: Randallstown

FOLLOW-UP REPORT

Mr. Martinez returns to medical service continuing to complain of symptoms that began with the accident of 10/20/08. Fortunately, there has been some improvement. He no longer has pain in the right wrist, right hip and right elbow areas. Right shoulder area pain has not really improved and he is unable to raise his right arm above shoulder level. There has been no locking or giving way of the right shoulder. There is no numbness or tingling of the right arm. Low back pain also remains troublesome. It is worse with prolonged sitting, prolonged standing and bending. There is no numbness, tingling or weakness of the lower extremities. There is no loss of bowel/bladder control. Chiropractic supervised therapy seems to be useful. Note from his supervising chiropractor dated today notes that Mr. Martinez has attended four therapy sessions that he has been instructed in home exercise program and that he is making "fair" progress. X-rays of the lumbar spine were read as normal by Dr. Rittenhouse. Despite his symptoms, Mr. Martinez continues to attend all of his classes at nursing school.

Past medical history, social history, family history and review of systems are otherwise unchanged from the initial evaluation.

Celebrex 200 mg has been useful for his pain, mildly to moderately. He does not need a refill of that today.

PHYSICAL EXAMINATION: Mr. Martinez is in no acute distress. He is alert and oriented. His affect is appropriate. Gait and station are grossly unremarkable. Temperature is 98.8, temporal. Pulse is 82. Respirations are 16. Shoulders – no obvious swelling, masses or bony deformity. Right shoulder range of motion and strength are diminished when compared to the left and glenohumeral abduction on the right is limited to 70 degrees, actively. No obvious instability of either shoulder joint. Tenderness to palpation is found over right shoulder rotator cuff muscles. Low back – no obvious swelling or bony deformity. Tenderness to palpation is found over low back muscles. No obvious instability of the lumbar spine. Lumbar spine strength and range of motion are diminished with associated pain. Neurologic – balance is good. No spasticity is seen. Distal upper and lower extremity motor strength is grossly intact. Peripheral vascular – no pitting edema of arms or legs is found.

PLAN:

1. Continue chiropractic/physical therapy/therapeutic exercise sessions to the affected areas of the spine and right shoulder.
2. Return to medical service is scheduled for two weeks. If right glenohumeral abduction remains limited to below shoulder height, MRI of the right shoulder will be indicated. MRI of the lumbar spine may be indicated at that time.

[DICTATED BUT NOT READ TO EXPEDITE REPORT. SIGNED REPORT ON FILE.]

Dan J. Schechter, P.A.C.

Ronny Santosa, M.D.

Provider: DJS/bm/km D: 11/17/08 T: 11/18/08 Enrollment Office: LIO Job: 43062.DJS.doc

cc: Eugene Shapiro, Esq.

Acct: 1.10134.0



3 Nashua Court ♦ Suite H ♦ Baltimore, MD 21221 ♦ 410-933-5678 ♦ Fax 410-933-3923

PATIENT: MARTINEZ, ANTHONY
SS#: ***-**-4955 D/Accident: 10/20/2008
Date of Exam: 12/01/2008 Place of Exam: Liberty

DISCHARGE SUMMARY

Mr. Martinez returns to medical service, feeling wholly improved in symptoms that had begun with the accident of 10/20/08. He is able to pursue physical activities, as he had been able to prior to these injuries. He is not taking medication for inflammation or pain at this time. He is able to raise his right shoulder above shoulder height without pain, giving way or locking. Chiropractic supervised therapy has been useful. Note from his supervising chiropractor dated today notes that he attended 3 of the last 6 prescribed therapy sessions that he was instructed home exercises and that his progress has been "good."

Past medical history, social history, family history and review of systems are otherwise unchanged from the initial evaluation.

PHYSICAL EXAMINATION: Mr. Martinez is in no acute distress. He is alert and oriented. His affect is appropriate. Gait and station are grossly unremarkable. Temperature is 98.6, temporal. Pulse 78. Respirations 18. Neck – no obvious swelling, masses or bony deformity. Thyroid is grossly free of fullness or masses. No obvious lymphadenopathy. Neck motions are adequate in their range for activities of daily living and apparently pain free. No obvious tenderness to palpation over neck muscles. No obvious instability of the cervical spine. The cervical spine strength is adequate for activities of daily living. Shoulders – no obvious swelling or bony deformity. Right shoulder range of motion is full and apparently pain free. Neurologic – balance is good. No spasticity is seen. Distal upper and lower extremity motor strength is grossly intact. Peripheral vascular – no pitting edema of arms or legs is found.

PLAN: Mr. Martinez is discharged from this medical service, as he is now without complaint from symptoms that had begun with the accident of 10/20/08. We wish him all the best.

[DICTATED BUT NOT READ TO EXPEDITE REPORT. SIGNED REPORT ON FILE.]

Dan J. Schechter, P.A.C. Ronny Santosa, M.D.
Provider: DJS/bm/ali D: 12/01/08 T: 12/02/08 Enrollment Office: LIO Job: 44774.DJS.doc
cc: Eugene Shapiro, Esq.
Acct: 1.10134.0



☐ ANNAPOLIS
☐ BEL AIR/BOX HILL
☐ CATONSVILLE

☐ DUNDALK
☐ EDGEWOOD
☐ EDMONDSON
☐ ELKTON

☐ ESSEX
☐ GLEN BURNIE
☐ GOVANS

☐ HAGERSTOWN
☐ HAVRE DE LA GRACE
☐ PATTESON
☐ RANDOLPH
☐ SEVERNA PARK

PROGRESS REPORT

DATE 10/22/08 page: 2

1.10134.0
MARTINEZ, ANTHONY

10/20/08
LI

Acct. No. _____

Referring Dr. Rittenhouse

Area (1.) Wrist

(2.) hip

(3.) Shoulder

(4.) elbow

Moist Heat

Ice	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Electrical Stimulation	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Ultrasound	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Electrical Stim/Ultrasound Combo	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Iontophoresis/Phonophoresis	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Massage Manual/Mech.	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Myofascial Release	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Neuromuscular Re-education (Specify)	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Exercise	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Kinetic Activity	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Paraffin Bath	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Whirlpool	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Joint Mobilization	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Manual Traction/Mech Traction	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Spinal Manipulation	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Extra Spinal Manipulation	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Home Exercise	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>

I acknowledge that treatment procedures have been explained and received. Signature: [Signature]

SUBJECTIVE FINDINGS

After the last treatment, the patient reports: ☐ Felt worse ☐ Felt better ☐ No change ☐

Overall, the patient ☐ Feels better ☐ Feels about the same ☐ Feels worse ☐ Too soon to tell
☐ pt. rpts. Wrist, hip, shoulder and elbow are all sore.

OBJECTIVE FINDINGS

Restriction of Range of Motion

☐ Cervical mild moderate severe
☐ Thoracic mild moderate severe
☐ Lumbar mild moderate severe
☒ Other 1,2,3,4 mild moderate severe

Loss of Strength in ☐ right ☐ left

Palpable Myospasm and/or general tissue disruption

☐ Cervical paraspinal muscles mild moderate severe
☐ Dorsal paraspinal muscles mild moderate severe
☐ Lumbar paraspinal muscles mild moderate severe
☒ 1,2,3,4 mild moderate severe

Procedures

AS

Dispensed ☐ Hot/Cold Pack Cervical ☐ Hot/Cold Pack Lumbar ☐ Theraband ☐ Electrodes

ASSESSMENT & PLAN

Assessment: ☐ Good ☒ Moderate ☐ Erratic ☐ Slow ☐ Poor

Plan: ☐ Patient should continue care and / or another opinion on his/her condition should be obtained.

☐ Patient discharged from care. ☐ Tx schedule.

Work Status: _____

Recommendations: _____

☐ Continue / Begin home strengthening flexibility

Signature: [Signature]

D.C. / PT.

Date: 10/22/08

☐ ANNAPOLIS☐ DUNDALK

Document Page 21 of 44

☐ ERODAN☐ OVERLEAF PERRY HALL☐ ESSEX☐ PATRICK☐ GLEN BURNIE☐ RANDALLSTOWN☐ GOVANS☐ SEVERNA PARK**PROGRESS REPORT**

DATE: 10/23/08 page: 3

I.10134.0

MARTINEZ, ANTHONY

D/A 10/20/08 LI

Acct. No.

Referring Dr. Zitterhouse

Area (1) (2) Wrist

(2) (3) D.K.A.P.

(3) (4) Shoulder

(4) (5) Elbow

Moist Heat	1	2	3	4
Ice	1	2	3	4
Electrical Stimulation	1	2	3	4
Ultrasound	1	2	3	4
Electrical Stim/Ultrasound Combo	1	2	3	4
Iontophoresis/Phonophoresis	1	2	3	4
Massage Manual/Mech	1	2	3	4
Myofascial Release	1	2	3	4
Neuromuscular Re-education (Specify)	1	2	3	4
Exercise	1	2	3	4
Kinetic Activity	1	2	3	4
Paraffin Bath	1	2	3	4
Whirlpool	1	2	3	4
Joint Mobilization	1	2	3	4
Manual Traction/Mech Traction	1	2	3	4
Spinal Manipulation	1	2	3	4
Extra Spinal Manipulation	1	2	3	4
Home Exercise	1	2	3	4
	1	2	3	4
	1	2	3	4

I acknowledge that treatment procedures have been explained and received. Signature: [Signature]

SUBJECTIVE FINDINGSAfter the last treatment, the patient reports: ☐ Felt worse ☐ Felt better ☐ No change ☐Overall the patient ☐ Feels better ☐ Feels about the same ☐ Feels worse ☐ Too soon to tell☐ pt. rpts @ shoulder sore, wrist, hip and elbow sx ↓**OBJECTIVE FINDINGS****Restriction of Range of Motion**

☐ Cervical mild moderate severe

☐ Thoracic mild moderate severe

☐ Lumbar mild moderate severe

☐ Other mild moderate severe

Palpable Myospasm and/or general tissue disruption

☐ Cervical paraspinal muscles mild moderate severe

☐ Dorsal paraspinal muscles mild moderate severe

☐ Lumbar paraspinal muscles mild moderate severe

☐ Other mild moderate severe

Procedures

ASAK

Loss of Strength in ☐ right ☐ left ProceduresDispensed ☐ Hot/Cold Pack Cervical ☐ Hot/Cold Pack Lumbar ☐ Theraband ☐ Electrodes**ASSESSMENT & PLAN**Assessment: ☐ Good ☐ Moderate ☐ Erratic ☐ Slow ☐ PoorPlan: ☐ Patient should continue care and / or another opinion on his/her condition should be obtained.☐ Patient discharged from care. ☐ Tx schedule.

Work Status:

Recommendations:

☐ Continue / Begin home strengthening flexibility

Signature: [Signature]

D.C. / P.T.

PN-147 (9/03)

Date: 10/23/08

☐ DUNDALK ☐ ERDMAN ☐ OVERLEA/PERRY HALL
☐ EDGEWOOD ☐ ESSEX ☐ PATTERSON
☐ EDMONDSON ☐ GLEN BURNIE ☐ RANDALLSTOWN
☐ ELKTON ☐ GOVANS ☐ SEVERNA PARK

PROGRESS REPORT

DATE: 10/27/09 page: 4

1.10134.0

MARTINEZ, ANTHONY

D/A 10/20/08 LI

Acct. No.

Referring Dr. Zitzenhouse

Area (1) Wrist ulnar aspect
 (2) hip ASIS
 (3) shoulder deltoid
 (4) elbow lat aspect

Moist Heat

Ice

Electrical Stimulation

Ultrasound

Electrical Stim/Ultrasound Combo

Iontophoresis/Phonophoresis

Massage Manual/Mech.

Myofascial Release

Neuromuscular Re-education (Specify)

Exercise

Kinetic Activity

Paraffin Bath

Whirlpool

Joint Mobilization

Manual Traction/Mech Traction

Spinal Manipulation

Extra Spinal Manipulation

Home Exercise

I acknowledge that treatment procedures have been explained and received. Signature: [Signature]

SUBJECTIVE FINDINGS

After the last treatment, the patient reports: ☐ Felt worse ☐ Felt better ☐ No change ☐Overall, the patient ☐ Feels better ☐ Feels about the same ☐ Feels worse ☐ Too soon to tell☐ PT states PN is still there but improving. AK

OBJECTIVE FINDINGS

Restriction of Range of Motion

☐ Cervical mild moderate severe
☐ Thoracic mild moderate severe
☐ Lumbar mild moderate severe
☐ Other neck mild moderate severe

Loss of Strength in ☐ right ☐ left

Palpable Myospasm and/or general tissue disruption

☐ Cervical paraspinal muscles mild moderate severe
☐ Dorsal paraspinal muscles mild moderate severe
☐ Lumbar paraspinal muscles mild moderate severe
☐ leg mild moderate severe

Procedures

AS D wrist extension
Upper Trunk Flexion
Deviation

Procedures retract femoralDispensed ☐ Hot/Cold Pack Cervical ☐ Hot/Cold Pack Lumbar ☐ Theraband ☐ Electrodes

ASSESSMENT & PLAN

Assessment: ☐ Good ☒ Moderate ☐ Erratic ☐ Slow ☐ PoorPlan: ☒ Patient should continue care and / or another opinion on his/her condition should be obtained.☐ Patient discharged from care. ☐ Tx schedule.Work Status: PT school

Recommendations:

☐ Continue / Begin home strengthening flexibilitySignature: AK

PT.

Date: 10/27/09

OFFICE W/

Document - Page 23 of 44

☒ RE-EVALUATIONDate 10/22/08

Name _____

D/A _____

Acct. No. _____

1.10134.0

Diagnosis _____

MARTINEZ, ANTHONY

(1) Weight(2) Hip(3) Shoulder(4) Elbow

Doctor _____

Next RVMD _____

Frequency _____

x _____

Wk(s) _____

Patient was injured ☐ Auto Accident ☐ Work Related AccidentOther Slip & Fall

A. SUBJECTIVE (1) Patient's chief complaints/comments (subjective)

Pain

Soreness

Stiffness

Nausea

Other: Run out of motion

Weakness

Tingling

Numbness

Tinitis

LRA ROS 10/24/08

Swelling

Headaches

Vertigo

Nursing - Gated in PT

(2) Past Medical History

LBP tension with sitting at school, sleep trouble, test
Breaks 2 days ago. No abnormality. Lost driveway 10/24/08
& no clear complaint. Broken glass on impact.On a scale from one (1) to ten (10); one (1) considered Pain Free and ten (10) Severe Pain, at onset of treatment the patient rates his/her discomfort level to be at: (1) 5-7 (2) 4-7 (3) 6-9 (4) 4-6 (5) 5-9

B. OBJECTIVE Examination Reveals (objective)

(1) Tenderness to Palpation

Neck and joint

(3) _____

Tender necks

Muscle Tightness _____

Radicular Findings NoneMuscle Strength All UE + LE are test 5/5Other Visual inspection of head neck backRom Shoulder @ UE with excepthand with arm handles 45° Dmd.& D extension process

(2) Tenderness to Palpation

(4) _____

Muscle Tightness _____

Radicular Findings _____

Muscle Strength _____

Other CAL 346 1117 WML

Rom _____

Normal speech, gait, app. reflex, core, rose bar neck.

C. Comments

☐ ANNAPOLIS☐ DUNDALK☐ ERDMAN☐ OVERLEA/PERRY HALL☐ HEWOOD☐ ESSEX☐ PATTERSON☐ MONDSON☐ GLEN BURNIE☐ RANDALLS☐ ELKTON☐ GOVANS☐ SEVERNA PARK**PROGRESS REPORT**

DATE: 10/28/08 page: 5

1.10134.0

MARTINEZ, ANTHONY

D/A 10/20/08 LT

Acct. No. _____

Referring Dr. Rittenhouse

Area (1.) (2) Wrist

(2.) (2) hip

(3.) (2) shld

(4.) (2) elbow

Went to 112 E. 5th St.

D. Martinez

Moist Heat

Ice

Electrical Stimulation

Ultrasound

Electrical Stim/Ultrasound Combo

Iontophoresis/Phonophoresis

Massage Manual/Mech.

Myofascial Release

Neuromuscular Re-education (Specify)

Exercise

Kinetic Activity

Paraffin Bath

Whirlpool

Joint Mobilization

Manual Traction/Mech Traction

Spinal Manipulation

Extra Spinal Manipulation

Home Exercise

I acknowledge that treatment procedures have been explained and received. Signature: [Signature]

SUBJECTIVE FINDINGSAfter the last treatment, the patient reports: ☐ Felt worse ☐ Felt better ☐ No change ☐Overall, the patient ☐ Feels better ☐ Feels about the same ☐ Feels worse ☐ Too soon to tell☐ PT. 11/15/08 are [Signature]**OBJECTIVE FINDINGS****Restriction of Range of Motion**
☐ Cervical mild moderate severe
☐ Thoracic mild moderate severe
☐ Lumbar mild moderate severe
☐ Other mild moderate severe
Palpable Myospasm and/or general tissue disruption
☐ Cervical paraspinal muscles mild moderate severe
☐ Dorsal paraspinal muscles mild moderate severe
☐ Lumbar paraspinal muscles mild moderate severe
☐ Other mild moderate severe
ProceduresLoss of Strength in ☐ right ☐ left

Procedures

LAST (2) 10-24-08 long arm distraction

Dispensed ☐ Hot/Cold Pack Cervical ☐ Hot/Cold Pack Lumbar ☐ Theraband ☐ Electrodes**ASSESSMENT & PLAN**Assessment: ☐ Good ☒ Moderate ☐ Erratic ☐ Slow ☐ PoorPlan: ☒ Patient should continue care and / or another opinion on his/her condition should be obtained.☐ Patient discharged from care. ☐ Tx schedule.

Work Status: _____

Recommendations: _____

☐ Continue home strengthening flexibility

Signature: [Signature]

P.C. PT.

Date: 10/28/08



☐ ANNAPOLIS
☐ BEL AIR/BOX HILL
☐ CATONSVILLE

☐ DUNDALK
☐ EDGEWOOD
☐ EDMONDSON
☐ ELKTON

☐ ERDMAN
☐ ESSEX
☐ GLEN BURNIE
☐ GOVANS

☐ OVERLEAF/PERRY HALL
☐ PATTERSON
☐ RANDALLSTOWN
☐ SEVERNA PARK

Document Page 25 of 44

PROGRESS REPORT

DATE 10/29/08 page: 6

1.10134.0

MARTINEZ, ANTHONY

1/30/08 LI

Acct. No.

Referring Dr.

Rittenhouse

Area (1.)

① Wrist

(2.)

② hip

(3.)

③ shld

(4.)

④ elbow

Moist Heat

Ice

Electrical Stimulation

Ultrasound

Electrical Stim/Ultrasound Combo

Iontophoresis/Phonophoresis

Massage Manual/Mech.

Myofascial Release

Neuromuscular Re-education (Specify)

Exercise

Kinetic Activity

Paraffin Bath

Whirlpool

Joint Mobilization

Manual Traction/Mech Traction

Spinal Manipulation

Extra Spinal Manipulation

Home Exercise

I acknowledge that treatment procedures have been explained and received. Signature

SUBJECTIVE FINDINGS

After the last treatment, the patient reports: ☐ Felt worse ☐ Felt better ☐ No change ☐Overall, the patient ☐ Feels better ☐ Feels about the same ☐ Feels worse ☐ Too soon to tell

① Pt. 10/15 moderate pain to @ hip and shoulder R/L

OBJECTIVE FINDINGS

Restriction of Range of Motion

☐ Cervical mild moderate severe
☐ Thoracic mild moderate severe
☐ Lumbar mild moderate severe
☐ Other mild moderate severe

Loss of Strength in ☐ right ☐ left

Palpable Myospasm and/or general tissue disruption

☐ Cervical paraspinal muscles mild moderate severe
☐ Dorsal paraspinal muscles mild moderate severe
☐ Lumbar paraspinal muscles mild moderate severe
☐ mild moderate severe

Procedures

15 @ TL procedure
diagnostic Fennis
10-15 @ low decelerations
① upper traps ② wrist extensors

Dispensed ☐ Hot/Cold Pack Cervical ☐ Hot/Cold Pack Lumbar ☐ Theraband ☐ Electrodes

ASSESSMENT & PLAN

Assessment: ☐ Good ☒ Moderate ☐ Erratic ☐ Slow ☐ PoorPlan: ☒ Patient should continue care and / or another opinion on his/her condition should be obtained.☐ Patient discharged from care. ☐ Tx schedule.

Work Status:

Recommendations:

☐ Continue / Begin home strengthening flexibility

Signature:

10/29/08

B.C. PT.

Date: 10/29/08

ANNAPOLIS

DUNDAL

EDMAN

OVERSEA/PERRY HALL

EDGEWOOD

ESSEX

PATTERSON

EDMONDSON

GLEN BURNIE

RANDALLSTOWN

ELKTON

GOVANS

SEVERNA PARK

PROGRESS REPORT

DATE: 3/3/08 page: 7

1.10134.0

MARTINEZ, ANTHONY

D/A 10/20/08 LI

Acct. No.

Referring Dr.

Ritterhouse

Area (1.)

(1) Wrist

4 Lumbar

(2) hip

(3) Shld

(4) Elbow

(5)

Moist Heat

Ice

Electrical Stimulation

Ultrasound

Electrical Stim/Ultrasound Combo

Iontophoresis/Phonophoresis

Massage Manual/Mech.

Myofascial Release

Neuromuscular Re-education (Specify)

Exercise

Kinetic Activity

Paraffin Bath

Whirlpool

Joint Mobilization

Manual Traction/Mech Traction

Spinal Manipulation

Extra Spinal Manipulation

Home Exercise

I acknowledge that treatment procedures have been explained and received. Signature: [Signature]

SUBJECTIVE FINDINGS

After the last treatment, the patient reports: ☐ Felt worse ☐ Felt better ☐ No change ☐Overall, the patient: ☐ Feels better ☐ Feels about the same ☐ Feels worse ☐ Too soon to tell☐ PT rpts areas of pain have ↓

OBJECTIVE FINDINGS

Restriction of Range of Motion

☐ Cervical mild moderate severe

☐ Thoracic mild moderate severe

☐ Lumbar mild moderate severe

☐ Other mild moderate severe

Palpable Myospasm and/or general tissue disruption

☐ Cervical paraspinal muscles mild moderate severe

☐ Dorsal paraspinal muscles mild moderate severe

☐ Lumbar paraspinal muscles mild moderate severe

☐ mild moderate severe

Procedures

ENT A. 10/1/08

post op. 1/1/08

WEN.

Loss of Strength in ☐ right ☐ left

Procedures

Dispensed ☐ Hot/Cold Pack Cervical ☐ Hot/Cold Pack Lumbar ☐ Theraband ☐ Electrodes

ASSESSMENT & PLAN

Assessment: ☐ Good ☒ Moderate ☐ Erratic ☐ Slow ☐ PoorPlan: ☒ Patient should continue care and / or another opinion on his/her condition should be obtained.☐ Patient discharged from care. ☐ Tx schedule.

Work Status:

Recommendations:

☒ Continue / Begin home strengthening flexibility

Signature:

[Signature]

[Signature]

Date:

4/3/08



□ ANNAPOLIS

□ DUNDALK

Document Page 27 of 44

□ FENNEMAN

□ OVERLEAF PERRY HALL

□ EDGEWOOD

□ ESSEX

□ PATTERSON

□ EDMONDSON

□ GLEN BURNIE

X RANDALLSTOWN

□ ELKTON

□ GOVANS

□ SEVERNA PARK

PROGRESS REPORT

DATE: 11/4/08 page: 8

1.10134.0

MARTINEZ, ANTHONY

D/A 10/20/08 LI

Acct. No. _____

Referring Dr. Rittenhouse

Area (1.) D wrist 95% L

(2.) D hip

(3.) D mid

5-4-2 elbow

(5)

Moist Heat	1	2	3	4
Ice	1	2	3	4
Electrical Stimulation	1	2	3	4
Ultrasound	1	2	3	4
Electrical Stim/Ultrasound Combo	1	2	3	4
Iontophoresis/Phonophoresis	1	2	3	4
Massage Manual/Mech.	1	2	3	4
Myofascial Release	1	2	3	4
Neuromuscular Re-education (Specify)	1	2	3	4
Exercise	1	2	3	4
Kinetic Activity	1	2	3	4
Paraffin Bath	1	2	3	4
Whirlpool	1	2	3	4
Joint Mobilization	1	2	3	4
Manual Traction/Mech Traction	1	2	3	4
Spinal Manipulation	1	2	3	4
Extra Spinal Manipulation	1	2	3	4
Home Exercise	1	2	3	4
	1	2	3	4
	1	2	3	4
	1	2	3	4

I acknowledge that treatment procedures have been explained and received. Signature:

SUBJECTIVE FINDINGSAfter the last treatment, the patient reports: ☐ Felt worse ☐ Felt better ☐ No change ☐Overall, the patient ☐ Feels better ☐ Feels about the same ☐ Feels worse ☐ Too soon to tell☐ pt states pain is too bad most for inscribed area**OBJECTIVE FINDINGS****Restriction of Range of Motion**

☐ Cervical mild moderate severe
☐ Thoracic mild moderate severe
☐ Lumbar mild moderate severe
☐ Other mild moderate severe

Palpable Myospasm and/or general tissue disruption

☐ Cervical paraspinal muscles mild moderate severe
☐ Dorsal paraspinal muscles mild moderate severe
☐ Lumbar paraspinal muscles mild moderate severe
☐ Other mild moderate severe

Procedures

CMT D 6-4
 Jt A-A. 4-PT.

Loss of Strength in ☐ right ☐ left Procedures _____Dispensed ☐ Hot/Cold Pack Cervical ☐ Hot/Cold Pack Lumbar ☐ Theraband ☐ Electrodes**ASSESSMENT & PLAN**Assessment: ☐ Good ☒ Moderate ☐ Erratic ☐ Slow ☐ PoorPlan: ☒ Patient should continue care and / or another opinion on his/her condition should be obtained.☐ Patient discharged from care. ☐ Tx schedule. _____

Work Status: _____

Recommendations: _____

☐ Continue / Begin home strengthening flexibility _____

Signature:

PN-147 (9/03)

Date: 11/4/08

☐ ANNAPOLIS☐ DUNDALK☐ ERDMAN☐ OVERLEA/PERRY HALL☐ EDGEWOOD☐ ESSEX☐ PATTERSON☐ EDMONDSON☐ GLEN BURNIE☒ RANDALLSTOWN☐ ELKTON☐ GOVANS☐ SEVERNA PARK

PROGRESS REPORT

DATE: 11/5/08 page: 9

1.10134.0

MARTINEZ, ANTHONY

D/A 10/20/08 LT

Acct. No.

Referring Dr. Schechter

Area (1.) (2) Wrist 5) Elbow

(2.) (2) hip

(3.) (2) Shld

(4.) L

(5)

Moist Heat

Ice

Electrical Stimulation

Ultrasound

Electrical Stim/Ultrasound Combo

Iontophoresis/Phonophoresis

Massage Manual/Mech.

Myofascial Release

Neuromuscular Re-education (Specify)

Exercise

Kinetic Activity

Paraffin Bath

Whirlpool

Joint Mobilization

Manual Traction/Mech Traction

Spinal Manipulation

Extra Spinal Manipulation

Home Exercise

I acknowledge that treatment procedures have been explained and received. Signature: [Signature]

SUBJECTIVE FINDINGS

After the last treatment, the patient reports: ☐ Felt worse ☐ Felt better ☐ No change ☐Overall the patient ☐ Feels better ☐ Feels about the same ☐ Feels worse ☐ Too soon to tell☐ Pt. rpts. mild pain L.

OBJECTIVE FINDINGS

Restriction of Range of Motion

☐ Cervical mild moderate severe
☐ Thoracic mild moderate severe
☐ Lumbar mild moderate severe
☐ Other mild moderate severe

Palpable Myospasm and/or general tissue disruption

☐ Cervical paraspinal muscles mild moderate severe
☐ Dorsal paraspinal muscles mild moderate severe
☐ Lumbar paraspinal muscles mild moderate severe
☐ Other mild moderate severe

Procedures

AS (2) LT principals
AS (2) LT principals
AS (2) LT principals
AS (2) LT principalsLoss of Strength in ☐ right ☐ left ProceduresAS (2) LT principals
AS (2) LT principals
AS (2) LT principals
AS (2) LT principalsDispersed ☐ Hot/Cold Pack Cervical ☐ Hot/Cold Pack Lumbar ☐ Theraband ☐ Electrodes

ASSESSMENT & PLAN

Assessment: ☐ Good ☒ Moderate ☐ Erratic ☐ Slow ☐ PoorPlan: ☒ Patient should continue care and / or another opinion on his/her condition should be obtained.☐ Patient discharged from care. ☐ Tx schedule.

Work Status:

Recommendations:

☐ Continue / Begin home strengthening flexibility

Signature:

PN-147 (9/03)

Date:

3x10
F1011/17/08
TCEval 11/21/08

☐ DUNDALK ☐ ERDMAN ☐ OVERLEA/PERRY HALL
☐ EDGEWOOD ☐ ESSEX ☐ PATTERSON
☐ EDMONDSON ☐ GLEN BURNIE ☒ RANDALLSTOWN
☐ ELKTON ☐ GOVANS ☐ SEVERNA PARK

PROGRESS REPORT

DATE: 7/26/08 page: 15

1.10134.0

MARTINEZ, ANTHONY

D/A 10/20/08 LI

Acct. No.

Referring Dr. Schechter/Santosa

Area (1.) C

(2.) T

(3.) Rosh

(4.) L

Moist Heat	1	2	3	4
Ice	1	2	3	4
Electrical Stimulation	1	2	3	4
Ultrasound	1	2	3	4
Electrical Stim/Ultrasound Combo	1	2	3	4
Iontophoresis/Phonophoresis	1	2	3	4
Massage Manual/Mech.	1	2	3	4
Myofascial Release	1	2	3	4
Neuromuscular Re-education (Specify)	1	2	3	4
Exercise	1	2	3	4
Kinetic Activity	1	2	3	4
Paraffin Bath	1	2	3	4
Whirlpool	1	2	3	4
Joint Mobilization	1	2	3	4
Manual Traction/Mech Traction	1	2	3	4
Spinal Manipulation	1	2	3	4
Extra Spinal Manipulation	1	2	3	4
Home Exercise	1	2	3	4
	1	2	3	4
	1	2	3	4

I acknowledge that treatment procedures have been explained and received. Signature: [Signature]

SUBJECTIVE FINDINGS

After the last treatment, the patient reports: ☐ Felt worse ☐ Felt better ☐ No change ☐Overall, the patient ☐ Feels better ☐ Feels about the same ☐ Feels worse ☐ Too soon to tell

☐ pt. RPTS SK HAVE ✓
 No pain anywhere except low minor DSh discomfort

OBJECTIVE FINDINGS

Restriction of Range of Motion

☐ Cervical mild moderate severe
☐ Thoracic mild moderate severe
☐ Lumbar mild moderate severe
☐ Other mild moderate severe

Palpable Myospasm and/or general tissue disruption

☐ Cervical paraspinal muscles mild moderate severe
☐ Dorsal paraspinal muscles mild moderate severe
☐ Lumbar paraspinal muscles mild moderate severe
☐ Other mild moderate severe

Procedures

CAT D Sh.
 posterior inferior glide
 and A-L jt at L5/S1

Loss of Strength in ☐ right ☐ left

Procedures

TPT @ C4-C7 anterior scalenes @ L4-L5 T10 paraspinals @ upper trapezius
 MR @ traps (short head) @ infraspinatus
 Dispersed ☐ Hot/Cold Pack Cervical ☐ Hot/Cold Pack Lumbar ☐ Theraband ☐ Electrodes
 neck back @ shoulder in 12/14.

ASSESSMENT & PLAN

Assessment: ☐ Good ☒ Moderate ☐ Erratic ☐ Slow ☐ PoorPlan: ☒ Patient should continue care and / or another opinion on his/her condition should be obtained.☐ Patient discharged from care. ☐ Tx schedule.

Work Status: 4/25

Recommendations:

☐ Continue / Begin home strengthening flexibility

Signature: [Signature]

[Signature] D.O./P.T.

Date: 7/26/08

PROGRESS REPORT

DATE: 11/24/08 page: 14

1.10134.0

MARTINEZ, ANTHONY

D/A 10/20/08 LI

Acct. No.

Referring Dr.

Area (1.) C

(2.) T

(3.) @ Shld

(4.) L

Moist Heat	1	2	3	4
Ice	1	2	3	4
Electrical Stimulation	1	2	3	4
Ultrasound	1	2	3	4
Electrical Stim/Ultrasound Combo	1	2	3	4
Iontophoresis/Phonophoresis	1	2	3	4
Massage Manual/Mech.	1	2	3	4
Myofascial Release	1	2	3	4
Neuromuscular Re-education (Specify)	1	2	3	4
Exercise	1	2	3	4
Kinetic Activity	1	2	3	4
Paraffin Bath	1	2	3	4
Whirlpool	1	2	3	4
Joint Mobilization	1	2	3	4
Manual Traction/Mech Traction	1	2	3	4
Spinal Manipulation	1	2	3	4
Extra Spinal Manipulation	1	2	3	4
Home Exercise	1	2	3	4

I acknowledge that treatment procedures have been explained and received. Signature: [Signature]

SUBJECTIVE FINDINGS

After the last treatment, the patient reports: ☐ Felt worse ☐ Felt better ☐ No change ☐Overall, the patient ☐ Feels better ☐ Feels about the same ☐ Feels worse ☐ Too soon to tell

☐ @ rps areas have ↓ in pain LI.

No neck or upper back sp today. @ shoulder @ is a "1" on

0-10 scale & 10 the worst @ in upper @ shoulder is the worst

d all conditions

OBJECTIVE FINDINGS

Restriction of Range of Motion

☐ Cervical mild moderate severe

☐ Thoracic mild moderate severe

☐ Lumbar mild moderate severe

☐ Other mild moderate severe

Palpable Myospasm and/or general tissue disruption

☐ Cervical paraspinal muscles mild moderate severe

☐ Dorsal paraspinal muscles mild moderate severe

☐ Lumbar paraspinal muscles mild moderate severe

☐ Other mild moderate severe

Procedures

CMT LPTN @ 5%

jt. Crutches 30

rept. Strengthen

Loss of Strength in ☐ right ☐ left Procedures

@ shoulder ext. rotator @ 5/16, 45 rept. ASD @ paraspinals. 63 and

ankle contracts 25 sec hold 3 repts. @ inspection of neck and

Dispersed ☐ Hot/Cold Pack Cervical ☐ Hot/Cold Pack Lumbar ☐ Theraband ☐ Electrodes

ASSESSMENT & PLAN

Assessment: ☐ Good ☒ Moderate ☐ Erratic ☐ Slow ☐ PoorPlan: ☒ Patient should continue care and / or another opinion on his/her condition should be obtained.☐ Patient discharged from care. ☐ Tx schedule.

Work Status:

Recommendations:

☐ Continue / Begin home strengthening flexibility

Signature: [Signature]

PN-147 (9/03)

Date: 11/24/08

☐ ANNAPOLIS☐ DUNDALK☐ ERDMAN☐ OVERLEA/PERRY HALL☐ EDGEWOOD☐ ESSEX☐ PATTERSON☐ EDMONDSON☐ GLEN BURNIE☒ RANDALLSTOWN☐ ELKTON☐ GOVANS☐ SEVERNA PARK**PROGRESS REPORT**

DATE: 11/19/08 page: 13

1.10134.0

MARTINEZ, ANTHONY

D/A 10/20/08 LI

Acct. No. _____

Referring Dr. Chechter/SantosaArea (1.) Wrist Elbow(2.) Hip(3.) SH(4.) L(5) Next O.V. Supp DelbanWrist Hip and add C&T

Moist Heat

Ice

Electrical Stimulation

Ultrasound

Electrical Stim/Ultrasound Combo

Iontophoresis/Phonophoresis

Massage Manual/Mech.

Myofascial Release

Neuromuscular Re-education (Specify)

Exercise

Kinetic Activity

Paraffin Bath

Whirlpool

Joint Mobilization

Manual Traction/Mech Traction

Spinal Manipulation

Extra Spinal Manipulation

Home Exercise

I acknowledge that treatment procedures have been explained and received. Signature: [Signature]**SUBJECTIVE FINDINGS**After the last treatment, the patient reports: ☐ Felt worse ☐ Felt better ☐ No change ☐Overall, the patient ☒ Feels better ☐ Feels about the same ☐ Feels worse ☐ Too soon to tell☐ LI. Not pain in L and R side. Lth**OBJECTIVE FINDINGS****Restriction of Range of Motion**

☐ Cervical mild moderate severe

☐ Thoracic mild moderate severe

☐ Lumbar mild moderate severe

☐ Other mild moderate severe

Palpable Myospasm and/or general tissue disruption

☐ Cervical paraspinal muscles mild moderate severe

☐ Dorsal paraspinal muscles mild moderate severe

☐ Lumbar paraspinal muscles mild moderate severe

☐ mild moderate severe

ProceduresCHL 112N DSH
A-P.Loss of Strength in ☐ right ☐ left Procedures _____Dispensed ☐ Hot/Cold Pack Cervical ☐ Hot/Cold Pack Lumbar ☐ Theraband ☐ Electrodes**ASSESSMENT & PLAN**Assessment: ☐ Good ☒ Moderate ☐ Erratic ☐ Slow ☐ PoorPlan: ☒ Patient should continue care and / or another opinion on his/her condition should be obtained.☐ Patient discharged from care. ☐ Tx schedule. _____

Work Status: _____

Recommendations: _____

☐ Continue / Begin home strengthening flexibility _____Signature: [Signature][Signature] (D/C/PT)Date: 11/19/08

☐ ANNAPOLIS☐ DUNDALK☐ EROMAN☐ OVERLEAF PERRY HALL☐ EDGEWOOD☐ ESSEX☐ PATTERSON☐ EDMONDSON☐ GLEN BURNIE☒ RANDALLSTOWN☐ ELKTON☐ GOVANS☐ SEVERNA PARK**PROGRESS REPORT**

DATE: 11/18/08 Page: 12

1.10134.0
MARTINEZ, ANTHONY

D/A 10/20/08 LI

Acct. No. _____

Referring Dr. Schechter / Santosa

Area (1.) (2) Wrist (3) Elbow

(2.) (2) Hip

(3.) (2) Shld

(4.) L

Next OK don't do. me to

(5) Wrist.

Moist Heat

Ice

Electrical Stimulation

Ultrasound

Electrical Stim/Ultrasound Combo

Iontophoresis/Phonophoresis

Massage Manual/Mech.

Myofascial Release

Neuromuscular Re-education (Specify)

Exercise

Kinetic Activity

Paraffin Bath

Whirlpool

Joint Mobilization

Manual Traction/Mech Traction

Spinal Manipulation

Extra Spinal Manipulation

Home Exercise

I acknowledge that treatment procedures have been explained and received. Signature: [Signature]

SUBJECTIVE FINDINGSAfter the last treatment, the patient reports: ☐ Felt worse ☐ Felt better ☐ No change ☐Overall, the patient ☐ Feels better ☐ Feels about the same ☐ Feels worse ☐ Too soon to tell☒ 1/15 Mild pain in Elbow and L. LH.**OBJECTIVE FINDINGS****Restriction of Range of Motion**

<input type="checkbox"/> Cervical	mild	moderate	severe
<input type="checkbox"/> Thoracic	mild	moderate	severe
<input type="checkbox"/> Lumbar	mild	moderate	severe
<input type="checkbox"/> Other	mild	moderate	severe

Palpable Myospasm and/or general tissue disruption

<input type="checkbox"/> Cervical paraspinal muscles	mild	moderate	severe
<input type="checkbox"/> Dorsal paraspinal muscles	mild	moderate	severe
<input type="checkbox"/> Lumbar paraspinal muscles	mild	moderate	severe
<input type="checkbox"/>	mild	moderate	severe

Procedures

CMT LITN @ SA

Posterior inferior glide.

AR @ L paraspinal @

AR @ L paraspinal @

Loss of Strength in ☐ right ☐ left

Procedures

Deep @ W EXT. @ H. Abd.

TPT @ upper trapezius @ glenohumeral.

Dispensed ☐ Hot/Cold Pack Cervical ☐ Hot/Cold Pack Lumbar ☐ Theraband ☐ Electrodes**ASSESSMENT & PLAN**Assessment: ☐ Good ☒ Moderate ☐ Erratic ☐ Slow ☐ PoorPlan: ☒ Patient should continue care and / or another opinion on his/her condition should be obtained.☐ Patient discharged from care. ☐ Tx schedule.

Work Status: _____

Recommendations: _____

☐ Continue / Begin home strengthening flexibility

Signature: [Signature]

D.C./P.T.

Date: 11/18/08



□ ANNAPOLIS

□ DUNDALK

□ EDDMAN

□ OVERLEA/PERRY HALL

1 EDGEWOOD

□ ESSEX

□ PATTERSON

1 EDMONDSON

□ GLEN BURNIE

□ RANDALLSTOWN

1 ELKTON

□ GOVANS

□ SEVERNA PARK

PROGRESS REPORT

DATE 11/11/08 page: 11

1.10134.0

MARTINEZ, ANTHONY

D/A

10/20/08 LI

Acct. No.

Referring Dr.

Schechter

Area (1.)

② Wrist

5 @ Elbow

(2.)

② Hip

(3.)

② Shld

(4.)

L

Moist Heat	1	2	3	4
Ice	1	2	3	4
Electrical Stimulation	1	2	3	4
Ultrasound	1	2	3	4
Electrical Stim/Ultrasound Combo	1	2	3	4
Iontophoresis/Phonophoresis	1	2	3	4
Massage Manual/Mech.	1	2	3	4
Myofascial Release	1	2	3	4
Neuromuscular Re-education (Specify)	1	2	3	4
Exercise	1	2	3	4
Kinetic Activity	1	2	3	4
Paraffin Bath	1	2	3	4
Whirlpool	1	2	3	4
Joint Mobilization	1	2	3	4
Manual Traction/Mech Traction	1	2	3	4
Spinal Manipulation	1	2	3	4
Extra Spinal Manipulation	1	2	3	4
Home Exercise	1	2	3	4

I acknowledge that treatment procedures have been explained and received. Signature: [Signature]

SUBJECTIVE FINDINGSAfter the last treatment, the patient reports: ☐ Felt worse ☐ Felt better ☐ No change ☐Overall, the patient ☐ Feels better ☐ Feels about the same ☐ Feels worse ☐ Too soon to tell☐ Pt states tightness in back and shld. RR**OBJECTIVE FINDINGS****Restriction of Range of Motion**

☐ Cervical mild moderate severe
☐ Thoracic mild moderate severe
☐ Lumbar mild moderate severe
☐ Other mild moderate severe

Palpable Myospasm and/or general tissue disruption

☐ Cervical paraspinal muscles mild moderate severe
☐ Dorsal paraspinal muscles mild moderate severe
☐ Lumbar paraspinal muscles mild moderate severe
☐ Other mild moderate severe

Procedures

LPTs adjust:
 Right hip - long axis distract
 Left hip - long axis distract

Loss of Strength in ☐ right ☐ left

Procedures

Skatch Blower Lumbar by central only. A. Skatch Right upper trap. 30 second
 Skatch Blower Lumbar by external rotation 1 point 45 reps.

Dispensed ☐ Hot/Cold Pack Cervical ☐ Hot/Cold Pack Lumbar ☐ Theraband ☐ Electrodes**ASSESSMENT & PLAN**Assessment: ☐ Good ☒ Moderate ☐ Erratic ☐ Slow ☐ PoorPlan: ☒ Patient should continue care and / or another opinion on his/her condition should be obtained.☐ Patient discharged from care. ☐ Tx schedule.

Work Status:

Recommendations:

☐ Continue / Begin home strengthening flexibility

Signature: [Signature]

Date: 11/11/08

☐ DUNDALK ☐ EDDMAN ☐ OVERLEA/PERRY HALL
☐ EDGEWOOD ☐ ESSEX ☐ PATTERSON
☐ EDMONDSON ☐ GLEN BURNIE ☐ RANDALLSTOWN
☐ ELKTON ☐ GOVANS ☐ SEVERNA PARK

PROGRESS REPORT

DATE: 11/10/08 page: 10

1.10134.0

MARTINEZ, ANTHONY

D/A 10/20/08 LT

Acct. No.

Referring Dr. Schechter

Area (1) (2) Wrist (3) Elbow

(2) Hip

(3) Shld

(4) L

Moist Heat

Ice	1	2	3	4
Electrical Stimulation	1	2	3	4
Ultrasound	1	2	3	4
Electrical Stim/Ultrasound Combo	1	2	3	4
Iontophoresis/Phonophoresis	1	2	3	4
Massage Manual/Mech.	1	2	3	4
Myofascial Release	1	2	3	4
Neuromuscular Re-education (Specify)	1	2	3	4
Exercise	1	2	3	4
Kinetic Activity	1	2	3	4
Paraffin Bath	1	2	3	4
Whirlpool	1	2	3	4
Joint Mobilization	1	2	3	4
Manual Traction/Mech Traction	1	2	3	4
Spinal Manipulation	1	2	3	4
Extra Spinal Manipulation	1	2	3	4
Home Exercise	1	2	3	4
	1	2	3	4
	1	2	3	4
	1	2	3	4

I acknowledge that treatment procedures have been explained and received. Signature: [Signature]

SUBJECTIVE FINDINGS

After the last treatment, the patient reports: ☐ Felt worse ☐ Felt better ☐ No change ☐Overall, the patient: ☐ Feels better ☐ Feels about the same ☐ Feels worse ☒ Too soon to tell

☐ Pt. reports occasional pain in R Shld when r.o.m.
 also in @ hip. LH

OBJECTIVE FINDINGS

Restriction of Range of Motion

☐ Cervical mild moderate severe
☐ Thoracic mild moderate severe
☐ Lumbar mild moderate severe
☐ Other mild moderate severe

Palpable Myospasm and/or general tissue disruption

☐ Cervical paraspinal muscles mild moderate severe
☐ Dorsal paraspinal muscles mild moderate severe
☐ Lumbar paraspinal muscles mild moderate severe
☐ mild moderate severe

Procedures

AS. Distal
 A. Striated Bistated Thermin
 to usen paraspinal

Loss of Strength in ☐ right ☐ left

Procedures

1. Stretch Bistated with out contact 25 sec. hold 3 reps.
 A. Strated 25 seconds, 3 reps right upper trapezius. Strengthen Bistated shoulder
 Dispersed ☐ Hot/Cold Pack Cervical ☐ Hot/Cold Pack Lumbar ☐ Theraband ☐ Electrodes external rotation 1 hand. 45 reps.

ASSESSMENT & PLAN

Assessment: ☐ Good ☒ Moderate ☐ Erratic ☐ Slow ☐ PoorPlan: ☒ Patient should continue care and / or another opinion on his/her condition should be obtained.☐ Patient discharged from care. ☐ Tx schedule.

Work Status:

Recommendations:

☐ Continue / Begin home strengthening flexibility

Signature:

PN-147 (9/03)

Date:

11/10/08

☐ ANNAPOLIS☐ DUNDALK☐ ERODAN☐ OVERLEA/PERRY HALL☐ EDGEWOOD☐ ESSEX☐ PATTERSON☐ EDMONDSON☐ GLEN BURNIE☒ RANDALLSTOWN☐ ELKTON☐ GOVANS☐ SEVERNA PARK**PROGRESS REPORT**

DATE: 11/4/08 page: 8

1.10134.0

MARTINEZ, ANTHONY

D/A 10/20/08 LI

Acct. No. _____

Referring Dr. Rittenhouse

Area (1) Wrist 95% L(2) hip(3) shoulder(4) elbow

(5)

Moist Heat	1	2	3	4
Ice	1	2	3	4
Electrical Stimulation	1	2	3	4
Ultrasound	1	2	3	4
Electrical Stim/Ultrasound Combo	1	2	3	4
Iontophoresis/Phonophoresis	1	2	3	4
Massage Manual/Mech.	1	2	3	4
Myofascial Release	1	2	3	4
Neuromuscular Re-education (Specify)	1	2	3	4
Exercise	1	2	3	4
Kinetic Activity	1	2	3	4
Paraffin Bath	1	2	3	4
Whirlpool	1	2	3	4
Joint Mobilization	1	2	3	4
Manual Traction/Mech Traction	1	2	3	4
Spinal Manipulation	1	2	3	4
Extra Spinal Manipulation	1	2	3	4
Home Exercise	1	2	3	4

I acknowledge that treatment procedures have been explained and received. Signature: _____

SUBJECTIVE FINDINGSAfter the last treatment, the patient reports: ☐ Felt worse ☐ Felt better ☐ No change ☐Overall, the patient ☐ Feels better ☐ Feels about the same ☐ Feels worse ☐ Too soon to tell☐ Pt states PN not to bed most PN in shld. are**OBJECTIVE FINDINGS****Restriction of Range of Motion**

☐ Cervical mild moderate severe

☐ Thoracic mild moderate severe

☐ Lumbar mild moderate severe

☐ Other mild moderate severe

Palpable Myospasm and/or general tissue disruption

☐ Cervical paraspinal muscles mild moderate severe

☐ Dorsal paraspinal muscles mild moderate severe

☐ Lumbar paraspinal muscles mild moderate severe

☐ Other mild moderate severe

Procedures

EMT @ 6-11

if A.A. 4-15

Loss of Strength in ☐ right ☐ left Procedures _____Dispensed ☐ Hot/Cold Pack Cervical ☐ Hot/Cold Pack Lumbar ☐ Theraband ☐ Electrodes**ASSESSMENT & PLAN**Assessment: ☐ Good ☒ Moderate ☐ Erratic ☐ Slow ☐ PoorPlan: ☒ Patient should continue care and / or another opinion on his/her condition should be obtained.☐ Patient discharged from care. ☐ Tx schedule. _____

Work Status: _____

Recommendations: _____

☐ Continue / Begin home strengthening flexibility _____

Signature: _____

PN-147 (9/03)

Date: 11/4/08

Date: 11/4/08

☐ ANNAPOLIS☐ DUNDALK☐ ERDMAN☐ OVERLEA/PERRY HALL☐ EDGEWOOD☐ ESSEX☐ PATTERSON☐ EDMONDSON☐ GLEN BURNIE☒ RANDALLSTOWN☐ ELKTON☐ GOVANS☐ SEVERNA PARK

PROGRESS REPORT

DATE: 11/3/08 page: 7

1.10134.0

MARTINEZ, ANTHONY

D/A 10/20/08 LI

Acct. No.

Referring Dr. Rittenhouse

Area (1.) (2) Wrist 4 Lumbar

(2.) (2) hip

(3.) (2) Shld

(4.) (2) elbow

(5)

Moist Heat

Ice

Electrical Stimulation

Ultrasound

Electrical Stim/Ultrasound Combo

Iontophoresis/Phonophoresis

Massage Manual/Mech.

Myofascial Release

Neuromuscular Re-education (Specify)

Exercise

Kinetic Activity

Paraffin Bath

Whirlpool

Joint Mobilization

Manual Traction/Mech Traction

Spinal Manipulation

Extra Spinal Manipulation

Home Exercise

I acknowledge that treatment procedures have been explained and received. Signature: [Signature]

SUBJECTIVE FINDINGS

After the last treatment, the patient reports: ☐ Felt worse ☐ Felt better ☐ No change ☐Overall, the patient ☐ Feels better ☐ Feels about the same ☐ Feels worse ☐ Too soon to tell☒ pt rpts areas of pain have ↓ L#

OBJECTIVE FINDINGS

Restriction of Range of Motion

☐ Cervical mild moderate severe

☐ Thoracic mild moderate severe

☐ Lumbar mild moderate severe

☐ Other mild moderate severe

Palpable Myospasm and/or general tissue disruption

☐ Cervical paraspinal muscles mild moderate severe

☐ Dorsal paraspinal muscles mild moderate severe

☐ Lumbar paraspinal muscles mild moderate severe

☐ mild moderate severe

Procedures

CMT A/C 1/1/1

port int. glide.

WPN.

Loss of Strength in ☐ right ☐ left ProceduresDispensed ☐ Hot/Cold Pack Cervical ☐ Hot/Cold Pack Lumbar ☐ Theraband ☐ Electrodes

ASSESSMENT & PLAN

Assessment: ☐ Good ☒ Moderate ☐ Erratic ☐ Slow ☐ PoorPlan: ☒ Patient should continue care and / or another opinion on his/her condition should be obtained.☐ Patient discharged from care. ☐ Tx schedule.

Work Status:

Recommendations:

☒ Continue / Begin home strengthening flexibility

Signature: [Signature]

B.C. PT.

Date: 11/3/08



☐ ANNAPOLIS
☐ BEL AIR/BOX HILL
☐ CATAPLAWVILLE

☐ DUNDALK
☐ EDGEWOOD
☐ EDMONDSON
☐ ELKTON

☐ ERDMAN
☐ ESSEX
☐ GLEN BURNIE
☐ GOVANS

☐ OVERLEA/PERRY HALL
☐ PATTERSON
☐ RANDALLSTOWN
☐ SEVERNA PARK

PROGRESS REPORT

DATE: 10/29/08 page: 6

1.10134.0
MARTINEZ, ANTHONY

Acct. No.

Referring Dr.

Area (1.)

(2.)

(3.)

(4.)

Moist Heat

	1	2	3	4
Ice	1	2	3	4
Electrical Stimulation	1	2	3	4
Ultrasound	1	2	3	4
Electrical Stim/Ultrasound Combo	1	2	3	4
Iontophoresis/Phonophoresis	1	2	3	4
Massage Manual/Mech.	1	2	3	4
Myofascial Release	1	2	3	4
Neuromuscular Re-education (Specify)	1	2	3	4
Exercise	1	2	3	4
Kinetic Activity	1	2	3	4
Paraffin Bath	1	2	3	4
Whirlpool	1	2	3	4
Joint Mobilization	1	2	3	4
Manual Traction/Mech Traction	1	2	3	4
Spinal Manipulation	1	2	3	4
Extra Spinal Manipulation	1	2	3	4
Home Exercise	1	2	3	4
	1	2	3	4
	1	2	3	4

I acknowledge that treatment procedures have been explained and received. Signature: [Signature]

SUBJECTIVE FINDINGS

After the last treatment, the patient reports: ☐ Felt worse ☐ Felt better ☐ No change ☐

Overall, the patient: ☐ Feels better ☐ Feels about the same ☐ Feels worse ☐ Too soon to tell

☐ Pt. 10/15 moderate pain to hip and shoulder R/L

OBJECTIVE FINDINGS

Restriction of Range of Motion

☐ Cervical mild moderate severe
☐ Thoracic mild moderate severe
☐ Lumbar mild moderate severe
☐ Other mild moderate severe

Loss of Strength in ☐ right ☐ left

Palpable Myospasm and/or general tissue disruption

☐ Cervical paraspinal muscles mild moderate severe
☐ Dorsal paraspinal muscles mild moderate severe
☐ Lumbar paraspinal muscles mild moderate severe
☐ mild moderate severe

Procedures

150 TL procedure
Directing femur
wrist & elbow debridement
upper traps, wrist & extensors

Dispersed ☐ Hot/Cold Pack Cervical ☐ Hot/Cold Pack Lumbar ☐ Theraband ☐ Electrodes

ASSESSMENT & PLAN

Assessment: ☐ Good ☒ Moderate ☐ Erratic ☐ Slow ☐ Poor

Plan: ☒ Patient should continue care and / or another opinion on his/her condition should be obtained.

☐ Patient discharged from care. ☐ Tx schedule.

Work Status:

Recommendations:

☐ Continue / Begin home strengthening flexibility

Signature:

PN-147 (9/03)

Date:

10/29/08

☐ ANNAPOLIS☐ DUNDALK☐ ERDMAN☐ OVERLEA/PERRY HALL☐ EWOOD☐ ESSEX☐ PATTERSON☐ MONROSON☐ GLEN BURNIE☐ RANDALLS☐ ELKTON☐ GOVANS☐ SEVERNA PARK

PROGRESS REPORT

DATE 10/28/08 page: 5

1.10134.0

MARTINEZ, ANTHONY

D/A 10/20/08 LI

Acct. No. _____

Referring Dr. RittenhouseArea (1.) Wrist(2.) hip(3.) shoulder(4.) elbowWrist. all 5 toDistal

Moist Heat

Ice

Electrical Stimulation

Ultrasound

Electrical Stim/Ultrasound Combo

Iontophoresis/Phonophoresis

Massage Manual/Mech.

Myofascial Release

Neuromuscular Re-education (Specify)

Exercise

Kinetic Activity

Paraffin Bath

Whirlpool

Joint Mobilization

Manual Traction/Mech Traction

Spinal Manipulation

Extra Spinal Manipulation

Home Exercise

I acknowledge that treatment procedures have been explained and received. Signature: [Signature]

SUBJECTIVE FINDINGS

After the last treatment, the patient reports: ☐ Felt worse ☐ Felt better ☐ No change ☐Overall, the patient: ☐ Feels better ☐ Feels about the same ☐ Feels worse ☐ Too soon to tellPT's boxes are

OBJECTIVE FINDINGS

Restriction of Range of Motion

☐ Cervical mild moderate severe
☐ Thoracic mild moderate severe
☐ Lumbar mild moderate severe
☐ Other mild moderate severe
Loss of Strength in ☐ right ☐ left

Palpable Myospasm and/or general tissue disruption

☐ Cervical paraspinal muscles mild moderate severe
☐ Dorsal paraspinal muscles mild moderate severe
☐ Lumbar paraspinal muscles mild moderate severe
☐ mild moderate severe

Procedures

A5. D. re. dist.
Common D. wrist extensors
to upper traps D. upper
to lat D. paraspinals
Lat D. 6-12 long approx. distractionDispensed ☐ Hot/Cold Pack Cervical ☐ Hot/Cold Pack Lumbar ☐ Theraband ☐ Electrodes

ASSESSMENT & PLAN

Assessment: ☐ Good ☒ Moderate ☐ Erratic ☐ Slow ☐ PoorPlan: ☐ Patient should continue care and / or another opinion on his/her condition should be obtained.☐ Patient discharged from care. ☐ Tx schedule.

Work Status: _____

Recommendations: _____

☐ Continue Begin home strengthening/flexibilitySignature: [Signature]

PN-147 (9/03)

B.C. PT.

Date: 10/28/08

OFFICE up

Document Page 39 of 44

RE-EVALUATION

Date 10/27/08

Name _____

D/A _____

Acct. No. _____

1.10134.0

Diagnosis

MARTINEZ, ANTHONY

(1) Weight(2) Drop(3) Slender(4) Deliver

Doctor

Next RVMD

Frequency

x

Wk(s)

Patient was injured ☐ Auto Accident ☐ Work Related AccidentOther Slip & Fall

A. SUBJECTIVE (1) Patient's chief complaints/comments (subjective)

Pain

Soreness

Stiffness

Nausea

Other: Run out of motion

Weakness

Tingling

Numbness

Tinitis

LA 205 10/24/08

Swelling

Headaches

Vertigo

Nursing Getated by PT

(2) Past Medical History

LA 205 10/24/08Brady 2 days ago. No abnormality. Last dizziness 10/24/08
& no other complaints. Brakes glass on impact.On a scale from one (1) to ten (10); one (1) considered Pain Free and ten (10) Severe Pain, at onset of treatment the patient rates his/her discomfort level to be at: (1) 5-7 (2) 4-7 (3) 6-9 (4) 4-6 (5) 5-9

B. OBJECTIVE Examination Reveals (objective)

(1) Tenderness to Palpation

Neck and joint

(3)

Tender neck

Muscle Tightness

Radicular Findings

OTR

Muscle Strength

All UE + LE arm test 5/5

Other

Visual inspection of head neck back

Rom

Shoulder ROM OK with exceptionhand with arm handles 4/5 Dmd.& (R) extension process

(2) Tenderness to Palpation

(4)

Muscle Tightness

Radicular Findings

Muscle Strength

Other

Cal 346 1112 1011

Rom

Hand speech, gait, resp. effort, ear, nose, face, neck.

C. Comments

☐ DUNDALK ☐ EROMAN ☐ OVERLEA/PERRY HALL
☐ EDGEWOOD ☐ ESSEX ☐ PATTERSON
☐ EDMONDSON ☐ GLEN BURNIE ☐ RANDALLSTOWN
☐ ELKTON ☐ GOVANS ☐ SEVERNA PARK

PROGRESS REPORT

DATE: 10/27/09 page: 4

1.10134.0

MARTINEZ, ANTHONY

D/A 10/20/08 LI

Acct. No.

Referring Dr. Kittenhouse

Area (1) Wrist ulnar aspect
 (2) hip ASIS
 (3) shoulder deltoid
 (4) elbow lat aspect

Moist Heat	1	2	3	4
Ice	1	2	3	4
Electrical Stimulation	1	2	3	4
Ultrasound	1	2	3	4
Electrical Stim/Ultrasound Combo	1	2	3	4
Iontophoresis/Phonophoresis	1	2	3	4
Massage Manual/Mech.	1	2	3	4
Myofascial Release	1	2	3	4
Neuromuscular Re-education (Specify)	1	2	3	4
Exercise	1	2	3	4
Kinetic Activity	1	2	3	4
Paraffin Bath	1	2	3	4
Whirlpool	1	2	3	4
Joint Mobilization	1	2	3	4
Manual Traction/Mech Traction	1	2	3	4
Spinal Manipulation	1	2	3	4
Extra Spinal Manipulation	1	2	3	4
Home Exercise	1	2	3	4
	1	2	3	4
	1	2	3	4

I acknowledge that treatment procedures have been explained and received. Signature: [Signature]

SUBJECTIVE FINDINGS

After the last treatment, the patient reports: ☐ Felt worse ☐ Felt better ☐ No change ☐Overall, the patient ☐ Feels better ☐ Feels about the same ☐ Feels worse ☐ Too soon to tell☒ PT states PN is still there but improving.

OBJECTIVE FINDINGS

Restriction of Range of Motion

☐ Cervical mild moderate severe
☐ Thoracic mild moderate severe
☐ Lumbar mild moderate severe
☐ Other 14 mild moderate severe

Loss of Strength in ☐ right ☐ left

Palpable Myospasm and/or general tissue disruption

☐ Cervical paraspinal muscles mild moderate severe
☐ Dorsal paraspinal muscles mild moderate severe
☐ Lumbar paraspinal muscles mild moderate severe
☐ 14 mild moderate severe

Procedures

AS D wrist extension
Upper trapezius
decompressors
releasing forearm

Dispensed ☐ Hot/Cold Pack Cervical ☐ Hot/Cold Pack Lumbar ☐ Theraband ☐ Electrodes

ASSESSMENT & PLAN

Assessment: ☐ Good ☒ Moderate ☐ Erratic ☐ Slow ☐ PoorPlan: ☐ Patient should continue care and / or another opinion on his/her condition should be obtained.☐ Patient discharged from care. ☐ Tx schedule.Work Status: PT school

Recommendations:

☐ Continue / Begin home strengthening flexibilitySignature: [Signature]

PN-147 (9/03)

Date: 10/27/09

☐ ANNAPOLIS☐ DUNDALK☐ ERIE☐ OVERLIFT PERRY HALL☐ ESSEX☐ PATTERSON☐ GLEN BURNIE☐ RANDALLSTOWN☐ JON☐ GOVANS☐ SEVERNA PARK**PROGRESS REPORT**

DATE: 10/23/08 page: 3

I.10134.0

MARTINEZ, ANTHONY

D/A 10/20/08 LI

Acct. No.

Referring Dr. Kitterhouse

Area (1.) (2) Wrist

(2.) (2) KAP

(3.) (2) Shoulder

(4.) (2) Elbow

(5)

Moist Heat	1	2	3	4
Ice	1	2	3	4
Electrical Stimulation	1	2	3	4
Ultrasound	1	2	3	4
Electrical Stim/Ultrasound Combo	1	2	3	4
Iontophoresis/Phonophoresis	1	2	3	4
Massage Manual/Mech	1	2	3	4
Myofascial Release	1	2	3	4
Neuromuscular Re-education (Specify)	1	2	3	4
Exercise	1	2	3	4
Kinetic Activity	1	2	3	4
Paraffin Bath	1	2	3	4
Whirlpool	1	2	3	4
Joint Mobilization	1	2	3	4
Manual Traction/Mech Traction	1	2	3	4
Spinal Manipulation	1	2	3	4
Extra Spinal Manipulation	1	2	3	4
Home Exercise	1	2	3	4
	1	2	3	4
	1	2	3	4
	1	2	3	4

I acknowledge that treatment procedures have been explained and received. Signature: [Signature]

SUBJECTIVE FINDINGSAfter the last treatment, the patient reports: ☐ Felt worse ☐ Felt better ☐ No change ☐Overall, the patient: ☐ Feels better ☐ Feels about the same ☐ Feels worse ☐ Too soon to tell☐ pt. rpts @ shoulder sore, wrist, hip and elbow sx ↓**OBJECTIVE FINDINGS****Restriction of Range of Motion**

☐ Cervical mild moderate severe

☐ Thoracic mild moderate severe

☐ Lumbar mild moderate severe

☐ Other mild moderate severe

Palpable Myospasm and/or general tissue disruption

☐ Cervical paraspinal muscles mild moderate severe

☐ Dorsal paraspinal muscles mild moderate severe

☐ Lumbar paraspinal muscles mild moderate severe

☐ Other mild moderate severe

Procedures

ASK

Loss of Strength in ☐ right ☐ left ProceduresDispensed ☐ Hot/Cold Pack Cervical ☐ Hot/Cold Pack Lumbar ☐ Theraband ☐ Electrodes**ASSESSMENT & PLAN**Assessment: ☐ Good ☐ Moderate ☐ Erratic ☐ Slow ☐ PoorPlan: ☐ Patient should continue care and / or another opinion on his/her condition should be obtained.☐ Patient discharged from care. ☐ Tx schedule.

Work Status:

Recommendations:

☐ Continue / Begin home strengthening flexibility

Signature: [Signature]

D.C. / P.T.

PN-147 (9/03)

Date: 10/23/08



☐ ANNAPOLIS
☐ BEL AIR/BOX HILL
☐ CATONSVILLE

☐ DUNDALK
☐ EDGEWOOD
☐ EDMONDSON
☐ ELKTON

☐ ERDMAN
☐ ESSEX
☐ GLEN BURNIE
☐ GOVANS

☐ OVERLEA/PERRY HALL
☐ PATTERSON
☐ RANDALL TOWN
☐ SEVERNA PARK

PROGRESS REPORT

DATE 10/20/08 page: 2

I.10134.0
 MARTINEZ, ANTHONY

10/20/08
LI

Acct. No. _____

Referring Dr. Rittenhouse

Area (1.) (2) Wrist

(2.) (2) hip

(3.) (2) shoulder

(4.) (2) elbow

Moist Heat	1	2	3	4
Ice	1	2	3	4
Electrical Stimulation	1	2	3	4
Ultrasound	1	2	3	4
Electrical Stim/Ultrasound Combo	1	2	3	4
Iontophoresis/Phonophoresis	1	2	3	4
Massage Manual/Mech.	1	2	3	4
Myofascial Release	1	2	3	4
Neuromuscular Re-education (Specify)	1	2	3	4
Exercise	1	2	3	4
Kinetic Activity	1	2	3	4
Paraffin Bath	1	2	3	4
Whirlpool	1	2	3	4
Joint Mobilization	1	2	3	4
Manual Traction/Mech Traction	1	2	3	4
Spinal Manipulation	1	2	3	4
Extra Spinal Manipulation	1	2	3	4
Home Exercise	1	2	3	4
	1	2	3	4
	1	2	3	4

I acknowledge that treatment procedures have been explained and received. Signature: [Signature]

SUBJECTIVE FINDINGS

After the last treatment, the patient reports: ☐ Felt worse ☐ Felt better ☐ No change ☐

Overall, the patient ☐ Feels better ☐ Feels about the same ☐ Feels worse ☐ Too soon to tell
☐ Pt. rpts. Wrist, hip, shoulder and elbow are all sore.

OBJECTIVE FINDINGS

Restriction of Range of Motion

☐ Cervical mild moderate severe
☐ Thoracic mild moderate severe
☐ Lumbar mild moderate severe
☒ Other 1,2,3,4 mild moderate severe

Loss of Strength in ☐ right ☐ left

Palpable Myospasm and/or general tissue disruption

☐ Cervical paraspinal muscles mild moderate severe
☐ Dorsal paraspinal muscles mild moderate severe
☐ Lumbar paraspinal muscles mild moderate severe
☒ 1,2,3,4 mild moderate severe

Procedures

AS

Dispensed ☐ Hot/Cold Pack Cervical ☐ Hot/Cold Pack Lumbar ☐ Theraband ☐ Electrodes

ASSESSMENT & PLAN

Assessment: ☐ Good ☒ Moderate ☐ Erratic ☐ Slow ☐ Poor

Plan: ☐ Patient should continue care and / or another opinion on his/her condition should be obtained.

☐ Patient discharged from care. ☐ Tx schedule.

Work Status: _____

Recommendations: _____

☐ Continue / Begin home strengthening flexibility

Signature: _____

D.C. / P.T.

Date: 10/22/08

INITIAL EVALUATION 44
☐ RE-EVALUATION

Date 10/21/08

1.10134.0

MARTINEZ, ANTHONY

Diagnosis

(1)

(2)

(3)

(4)

Doctor Next RMD Frequency x Wk(s)Patient was injured ☐ Auto Accident ☐ Work Related Accident☒ Other Slip/Fall

A. SUBJECTIVE (1) Patient's chief complaints/comments (subjective)

Pain

Weakness

Swelling

Soreness

Tingling

Headaches

Stiffness

Numbness

Nausea

Tinnitus

Vertigo

Other: _____

(2) Past Medical History Slip/Fall in Carpent City on Oct. 20th was a Sign Post on Electronic area + he Stopped on it + Lost Balance + Fell on Rt. Side got up - no care initially Sought til here

On a scale from one (1) to ten (10); one (1) considered Pain Free and ten (10) Severe Pain, at onset of treatment the patient rates his/her discomfort level to be at: (1) (2) (3) (4)

B. OBJECTIVE Examination Reveals (objective)

(1) Tenderness to Palpation RT. Hand Slight

Muscle Tightness

Radicular Findings

Muscle Strength

Other

Rom

(2) Tenderness to Palpation RT. ShoulderRom 10700 w/RT

Muscle Tightness

Radicular Findings

Muscle Strength

Other

Rom

C. Comments

Review of systemocc. Swollen lymph nodeNot Diagnose of DTSSE Divorced3 kidsDrinks alc + Tobacco(3) MC. NOW1. Bump on RT. hand2. RT. elbow3. RT. hip RT4. Some Dizziness5. RT. ShoulderP.H. 500 lbs, No MVA4/6 injury from lifting 1980'sHosp NoneFr RT wrist - Scating Ar1980'sFamily Hx of Ca mother SLE

D.C./P.T.

PROGRESS REPORT

DATE 10/21/08 page 1

1.10134.0
MARTÍNEZ, ANTHONY

D/A 10/20/08 K

Acct. No.

Referring Dr. Kittenhouse

Area (1.) RT. Wrist

(2.) RT. hip

(3.) RT. Shoulder

(4.) RT. Elbow

Moist Heat	1	2	3	4
Ice	1	2	3	4
Electrical Stimulation	1	2	3	4
Ultrasound	1	2	3	4
Electrical Stim/Ultrasound Combo	1	2	3	4
Iontophoresis/Phonophoresis	1	2	3	4
Massage Manual/Mech.	1	2	3	4
Myofascial Release	1	2	3	4
Neuromuscular Re-education (Specify)	1	2	3	4
Exercise	1	2	3	4
Kinetic Activity	1	2	3	4
Paraffin Bath	1	2	3	4
Whirlpool	1	2	3	4
Joint Mobilization	1	2	3	4
Manual Traction/Mech. Traction	1	2	3	4
Spinal Manipulation	1	2	3	4
Extra Spinal Manipulation	1	2	3	4
Home Exercise	1	2	3	4
	1	2	3	4
	1	2	3	4
	1	2	3	4

I acknowledge that treatment procedures have been explained and received. Signature:

SUBJECTIVE FINDINGS

After the last treatment, the patient reports: ☐ Felt worse ☐ Felt better ☐ No change ☐Overall, the patient ☐ Feels better ☐ Feels about the same ☐ Feels worse ☐ Too soon to tell☐

Int. Eval

OBJECTIVE FINDINGS

Restriction of Range of Motion

- ☐ Cervical mild moderate severe
- ☐ Thoracic mild moderate severe
- ☐ Lumbar mild moderate severe
- ☐ Other mild moderate severe

Palpable Myospasm and/or general tissue disruption

- ☐ Cervical paraspinal-muscles mild moderate severe
- ☐ Dorsal paraspinal muscles mild moderate severe
- ☐ Lumbar paraspinal muscles mild moderate severe
- ☐ mild moderate severe

Procedures

Loss of Strength in ☐ right ☐ left ProceduresDispensed: ☐ Hot/Cold Pack Cervical ☐ Hot/Cold Pack Lumbar ☐ Theraband ☐ Electrodes

ASSESSMENT & PLAN

Assessment: ☐ Good ☐ Moderate ☐ Erratic ☐ Slow ☐ PoorPlan: ☐ Patient should continue care and / or another opinion on his/her condition should be obtained.☐ Patient discharged from care. ☐ Tx schedule.

Work Status:

Recommendations:

☐ Continue / Begin home strengthening flexibility

Signature:

D.C. / P.T.

Date:

10/21/08